Module 6

Workers Compensation

Learning Objectives

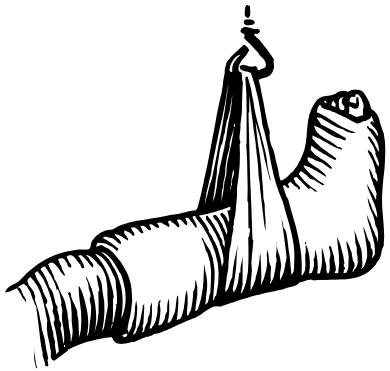
After completion of this lesson, participants will be able to:

- Describe the types of Workers' Compensation benefits
- Describe steps to take when a worker is injured
- Describe keys to identify possible fraud

About Workers' Compensation

- The Federal Employees' Compensation Act (FECA), 5 USC 8101et seq., provides compensation benefits to Federal civilian employees (or survivors) for work-related injuries or illnesses

- Administered by the Department of Labor, Office of Workers' Compensation Programs (OWCP)



About Workers' Compensation (con't)

Basic types of benefits:

- Medical benefits (including transportation expenses)
- Continuation of Pay (COP) (up to 45 days)
- Wage loss compensation
- Scheduled awards
- Vocational rehabilitation
- Survivor benefits if employee dies as a result of injury

Cost of Workers Comp

- Every DAY the Dept. of Defense spends almost 2 million dollars on workers comp
- 80% of this amount goes to “old cases” where the injured employee was never brought back to work.

What can a supervisor do ?

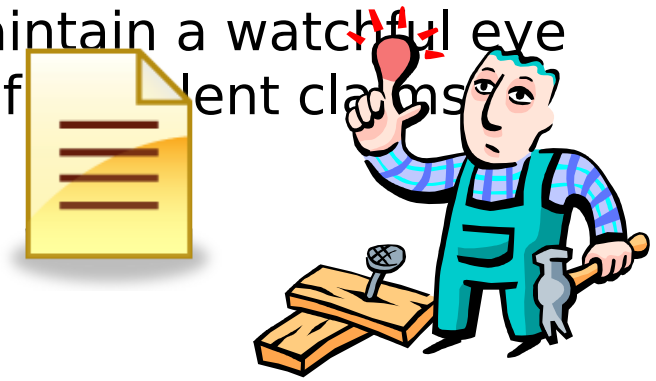
First & Foremost - Prevent injuries

- Keep your work area as safe as possible - most workplace injuries are completely avoidable
- Enforce all safety rules. Document even verbal warnings about safety violations
- Remember, people pay attention to the example you set
- Be prepared with hard copy injury forms (CA-1/CA-2/CA-16, CA-17, CA-20) and learn to input into EDI

The Basics

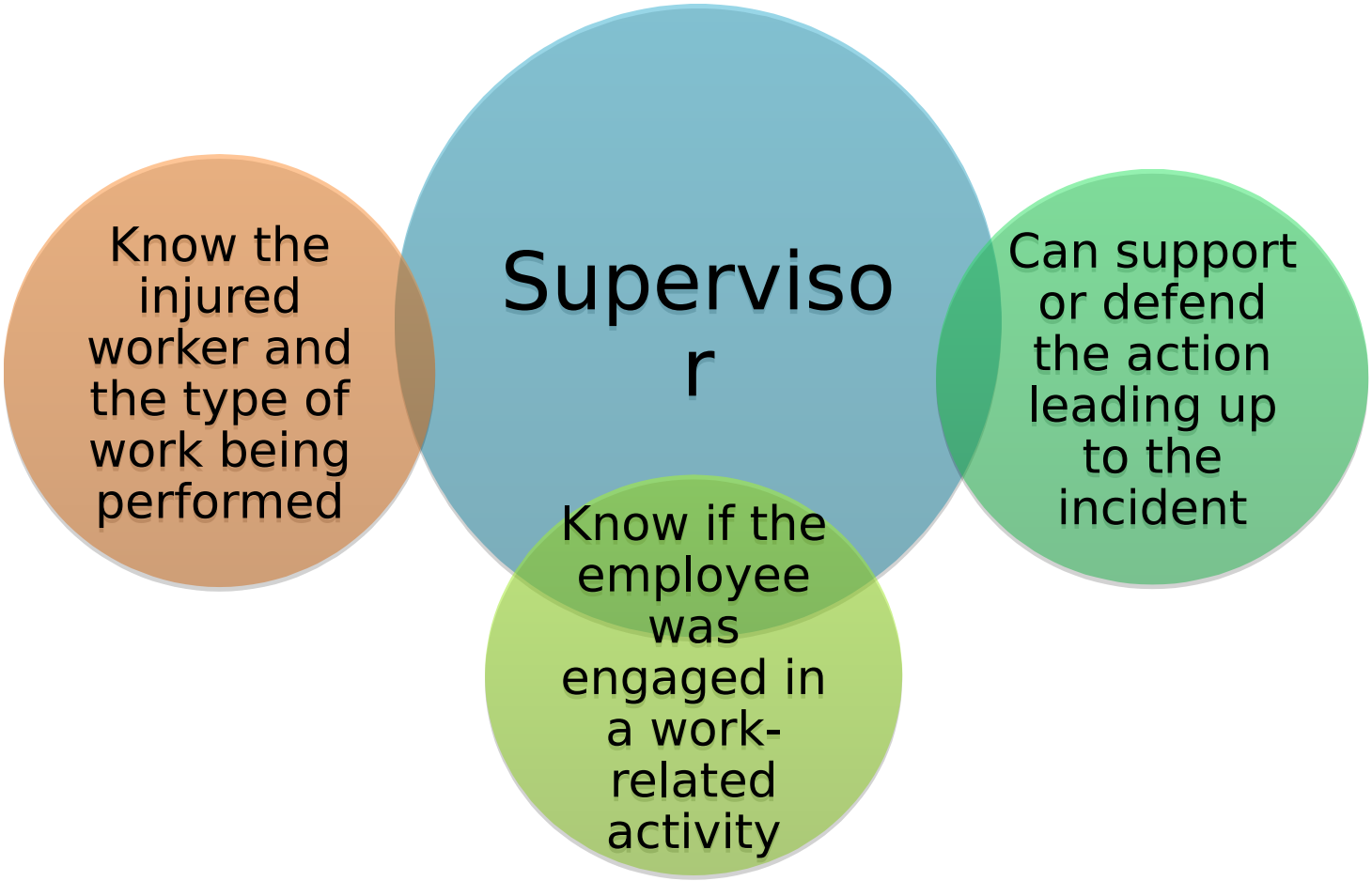
- Establish a safe work environment
- Insure a safety-conscience workforce
- Get to know your CPAC Injury Compensation Program Administrator (ICPA)
- File claims immediately
- Provide prompt medical attention and caring support to the injured/ill worker

- Investigate the injury – what happened, are others at risk?
- Document the events, actions, conditions, witness accounts
- Restore the worker to productivity as soon as possible
- Maintain a watchful eye for f[illegible]lent claims



Supervisor's Guide to Worker's Comp

You are the most important link to workers compensation because yo



Supervisory Responsibilities

- Report injuries to the Injury Compensation Program Administrator (ICPA) immediately
- Do not block, stop or impede the filing of a claim;
- Report information inconsistent with incident leading up to injury
- Challenge a claim you suspect is inconsistent with the work you assigned, false, unlikely, or otherwise questionable!

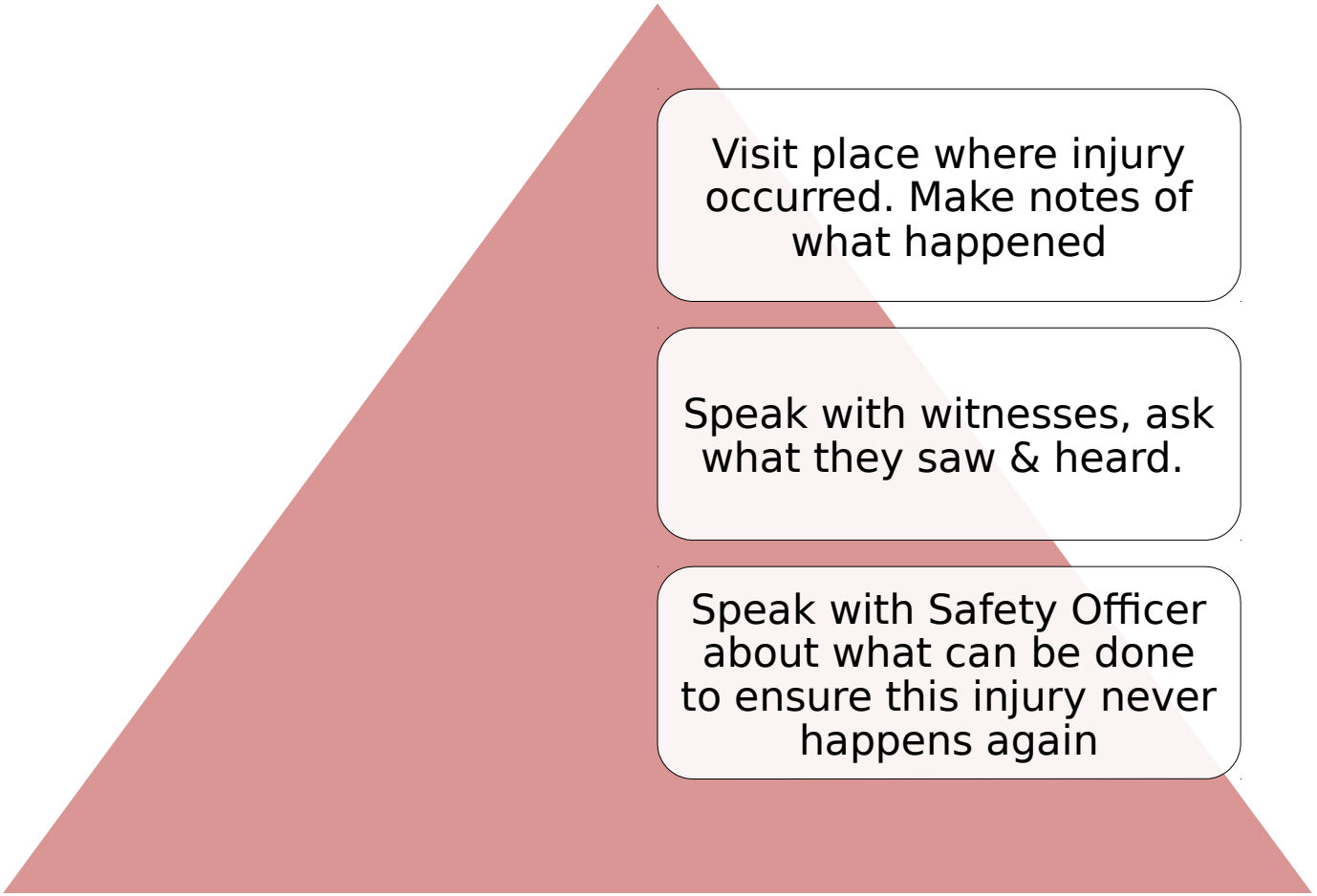
Be Conscience of…

- The same witness for numerous claims
- A witness that typically would not have been in the area of the accident
- An employee with several OWCP claims, the so called “frequent filer”
- An employee with a recent or pending adverse action or nearing the end of a tour, (i.e., term, temp, indefinite appointment).

What to do when injury occurs

- Provide immediate, sympathetic caring environment
- Ensure employee seeks medical treatment, such as local clinic, emergency room or private doctor.
- Never prevent an employee from getting medical attention even if you don't think it is serious
- Furnish hard copies of forms CA-16, CA-17 & CA-20 to the employee. **By law**, you must furnish these forms.
- Input CA-1/CA-2 into EDI.

Follow-up on an injury



Input claim into EDI

If you need help on EDI input, consult your ICPA (Injury Compensation Program Administrator) in the CPAC office

If you suspect fraud, indicate in EDI that claim will be challenged

Load claim within 48 hours

Don’t hold claim waiting for documentation

Army is tracked on how quickly claims get into EDI

http://www.cpms.osd.mil/ICUC/ICUC_index.aspx

CA-1 or CA-2?

- Traumatic injuries are filed using a CA-1
  - ✓When a date and time can be specified (cuts, falls, broken bones, etc)
- Occupational illnesses are filed using a CA-2
  - ✓When an illness or injury happens over the course of a period of time (asthma, carpal tunnel, psychiatric conditions, etc)
- If in doubt- ask your ICPA

Follow up with employee

Phone employee at home

- Ask what limitations doctor placed and why
- When will employee be able to return
- Emphasize light duty, modification of duties
- Emphasize sympathetic caring environment
- If employee must be off more than a week, phone employee every week status
- Remind employee he/she must furnish a medical statement ASAP supporting

Is it “legit” ?

Some Red Flags to be aware of:

- Unexplained time delay in reporting injury or getting medical care
- There are no witnesses even though injury happened in area where it should have been observed
- Witness frequently serves as witness for other injuries
- Disciplinary action, downsizing, transfer facing employee
- Injury reported immediately after weekend o holiday
- Employee changes account of how injury happened

If you spot a “Red Flag”

- Talk to you IPCA; relay your concerns
- Write down all information you have and give to ICPA
- Army has only ONE opportunity to challenge a suspicious claim, and that is before the claim is adjudicated.

Challenging a Suspicious Claim

- Challenge must be based on facts;

  being a poor performer is not adequate reason
- Your investigation & notes are crucial
- There is no format or form for a challenge,
  - It is simply a narrative write-up of the facts, signed by you or by the ICPA
  - The suspicious claim you don't challenge may become Army's million-dollar claim in the future

Timecards

- Day of injury - mark hours missed as LU
- Day after injury, “COP” (Continuation of Payment) begins. COP does not deduct from employee’s leave balances.
- Timecards are marked LT while on COP for the number of days doctor says employee must be off.
- Employee must provide doctor’s written statement, with number of days needed to be off. Be sure ICPA

What if COP is used up ?

- COP is capped at 45 calendar days
- After 45 days, employee can use own leave; pay continues as usual.
- Employee can use LWOP and apply for “compensation” on a CA-7 form
  - Receives 75% of pay with dependents or 66 2/3% if no dependents. “Compensation” is non-taxable. Be certain which choice employee wants to make.
- Confer with ICPA.

What if employee returns part-time?

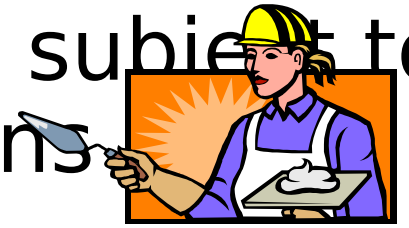
- Employee can either use own leave for hours not worked – or can choose LWOP for those hours and claim “compensation” on a CA-7 form.
- Work closely with ICPA to ensure all steps are followed correctly.

What if employee can't do full duties ?

- Sometimes doctor places restrictions on what returning employee can do.
- Must abide by these restrictions !!
- If restrictions are permanent, job may need be assigned to another employee and modified job created for returning employee.
- If restrictions appear unreasonable, work with ICPA to request OWCP
- Get a 2nd medical opinion

Supervisor's final responsibility

- Get injured employee back to work
- If an employee is "out on injury comp" Army pays him. If we don't get employee back, Army pays him for his entire life !!
- If employee returns to work, eventually he retires like the rest of us.
- If employee returns, he is subject to same personnel regulations as other employees.

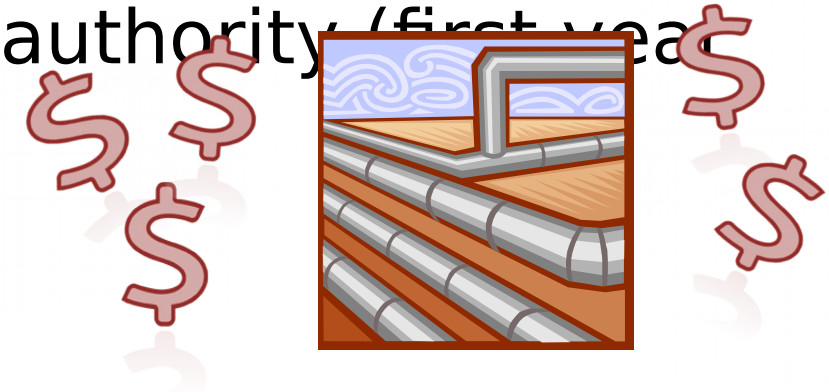


Can’t return ?

- If employee is never able to meet physical requirements of old job, work with CPAC & ICPA to create a new job within employee’s capabilities
- Remember Army is paying employee whether he works or stays home.

DOD's Pipeline Program

- "Pipeline" provides a billet & pays salary for first 365 days for returning employees who have been out for 90 days or more
- DOD transfers money to your activity on a MIPR
- Designed to assist installations in returning employees to work
- Allows for over-hire authority (first year only)



Recap of supervisor's role

1. Prevent injuries
2. Handle injuries correctly if they occur
3. Investigate all facts of injuries and challenge all suspect claims
4. Input claim into EDI or give CA-1/CA-2 to ICPA if you have no computer access
5. ICPA is your partner in all aspects of Workers Comp
6. Getting injured employees back to Army's workforce is a win-win for everyone

Electronic Data Interchange (EDI)

- It has been DoD policy since July 2003 to utilize EDI when submitting claims
- DOL will be monitoring agency timeliness for claim submission as a result of SHARE
- Defense Safety Oversight Council (DSOC) will be monitoring DoD agency timeliness and use of EDI for claim submission

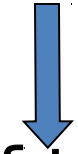
Electronic Data Interchange (EDI)

- Claims filed utilizing EDI are electronically transmitted to OWCP from the agency

- Any delay due to internal routing of paper claims and mailing forms to OWCP are eliminated

Electronic Data Interchange (EDI)

Greater use of EDI



Greater number of timely filed claims

Meeting DoD and SHARE goals

Safety First Electronic Reporting (SAFER)

- DOL has made a determination as to which claim data can be shared with an organization's safety office in order to assist in fulfilling OSHA reporting requirements
- EDI/SAFER provides this data to safety in the form of an OSHA 301 notice. This 301 notice provides safety with the data they need to *start* their reporting and investigations

Safety First Electronic Reporting (SAFER)

- EDI/SAFER is not a replacement for any existing safety applications or requirements
- Unsanitized copies of CA-1s or CA-2s are no longer to be given to the safety office

EDI Information Flow

- Employee reports the injury to his/her supervisor
- Process is started by accessing the EDI website
- Supervisor and employee complete the electronic form, which is transmitted to the ICPA. Supervisors do not need any special access to file the claim electronically, only a computer with internet access

EDI Information Flow

- ICPA receives an email notification of the supervisor's claim submission
- ICPA accesses the EDI application using their User ID and password
- ICPA "authenticates" the form (i.e. verifies employment status, enters appropriate codes, corrects any errors); form is then transmitted to DOL

EDI Information Flow

- If there are no problems with the claim, the ICPA will receive an email with the case number within 2-3 business days
- If there are problems with the claim then the ICPA will receive an email notification of the claim rejection and the reason for the rejection

EDI Forms

The electronic forms can be accessed via the ICUC website:
http://cpms.osd.mil/icuc

DEPARTMENT OF DEFENSE

cpms

Civilian Personnel Management Service

ICUC Division

Injury and Unemployment Compensation Division

Enter Search Go

- About Injury Compensation
- About Unemployment Compensation
- Filing Claims Electronically (supervisor's link)
- DIUCS SSO (password required)
- DEFPAC (password required)
- FTP

CPMS Web Policies & Links »

Welcome to ICUC

CPMS H » ICUC

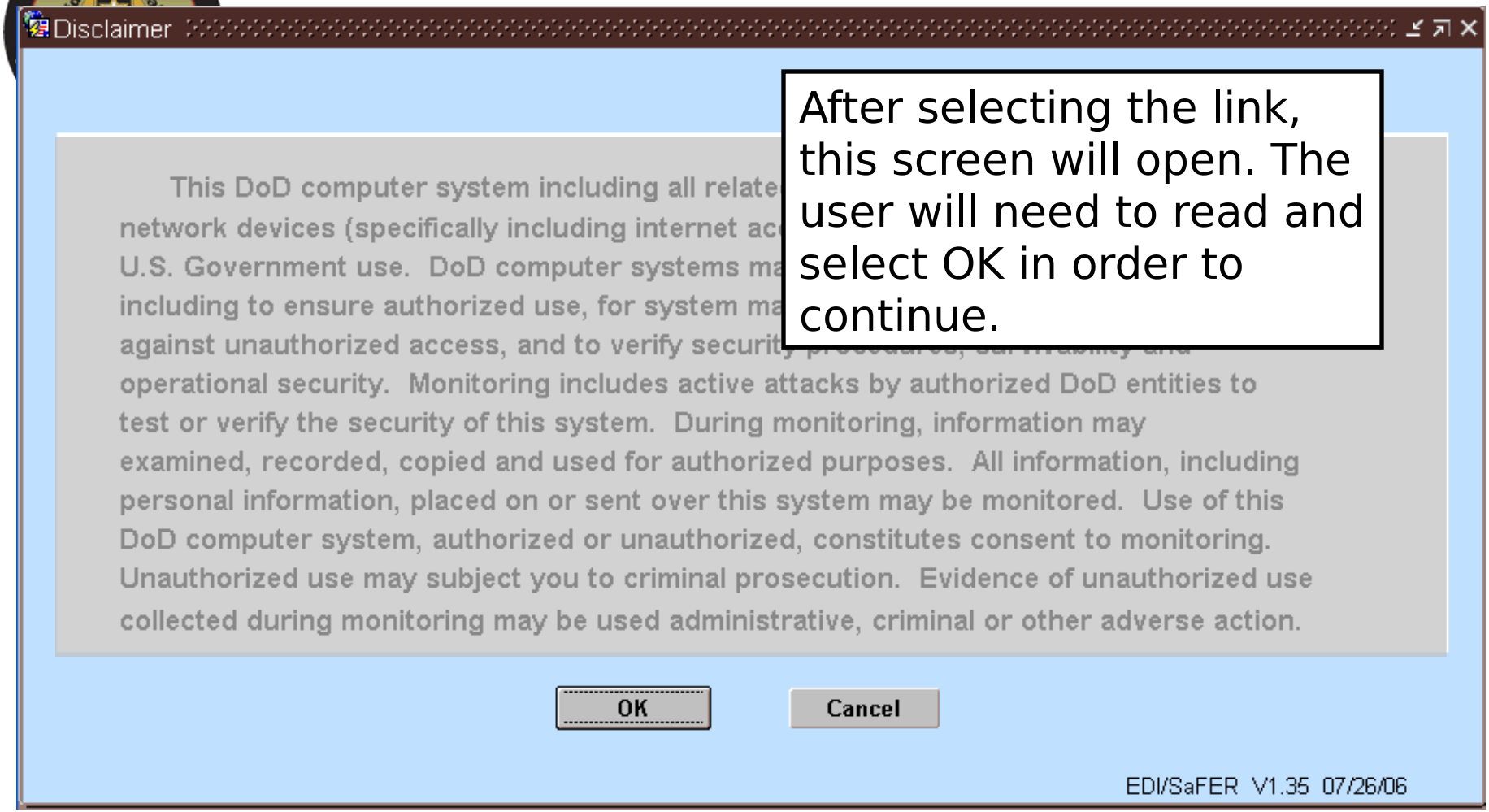
Hot Topics

Death Gratuity for Deployed Civilians

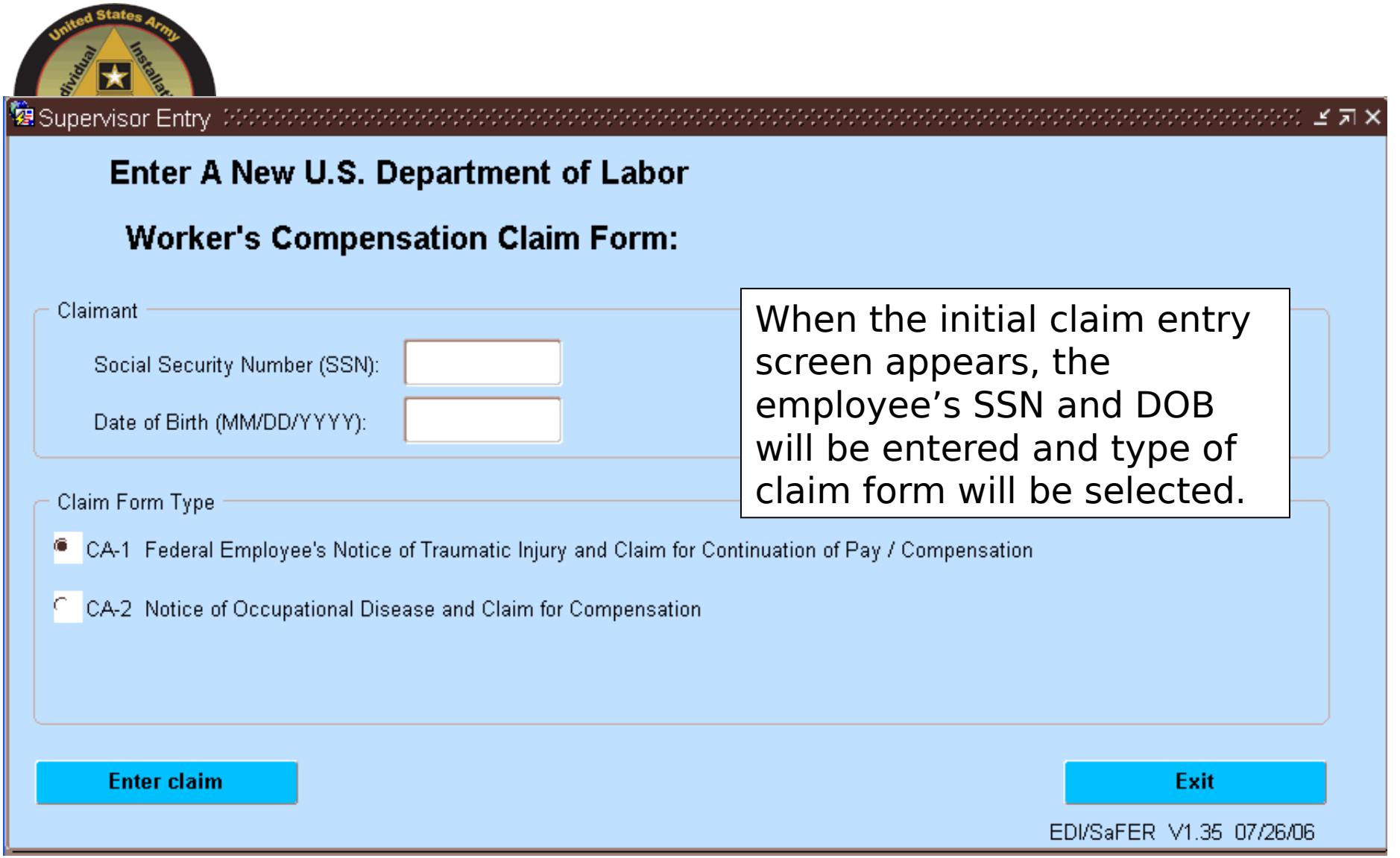
There is a new death gratuity of up to $100,000, payable to the survivors of an employee who dies of injuries incurred in connection with service with an Armed Force in a contingency operation. Learn more about the unique requirements and procedures related to this payment.

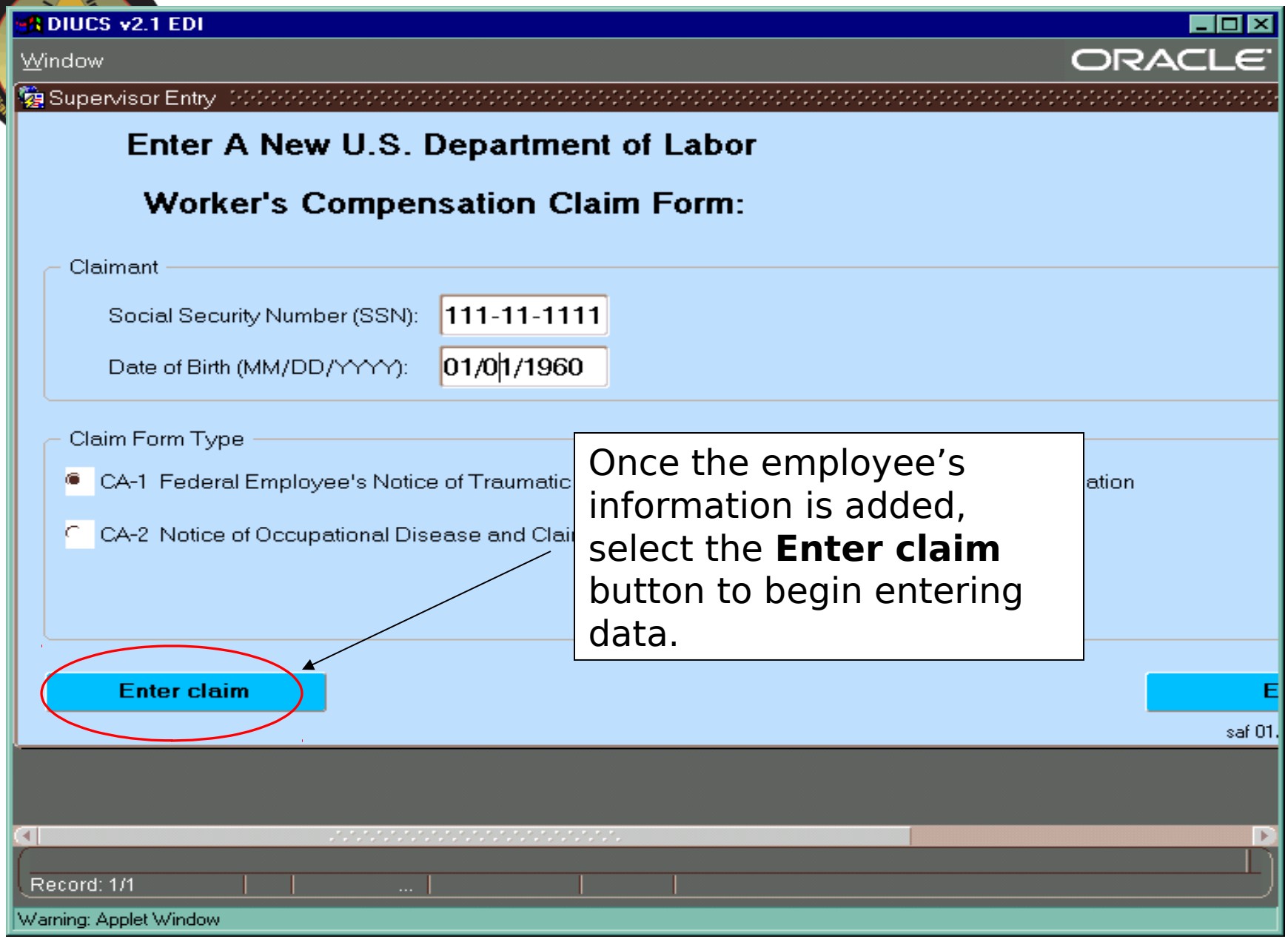
Products & Services

- DoD Pipeline Program
- Filing Injury Claims Electronically
- Training Opportunities
- Liaison Services
- Injury Compensation (IC)
- What is DefPAC?

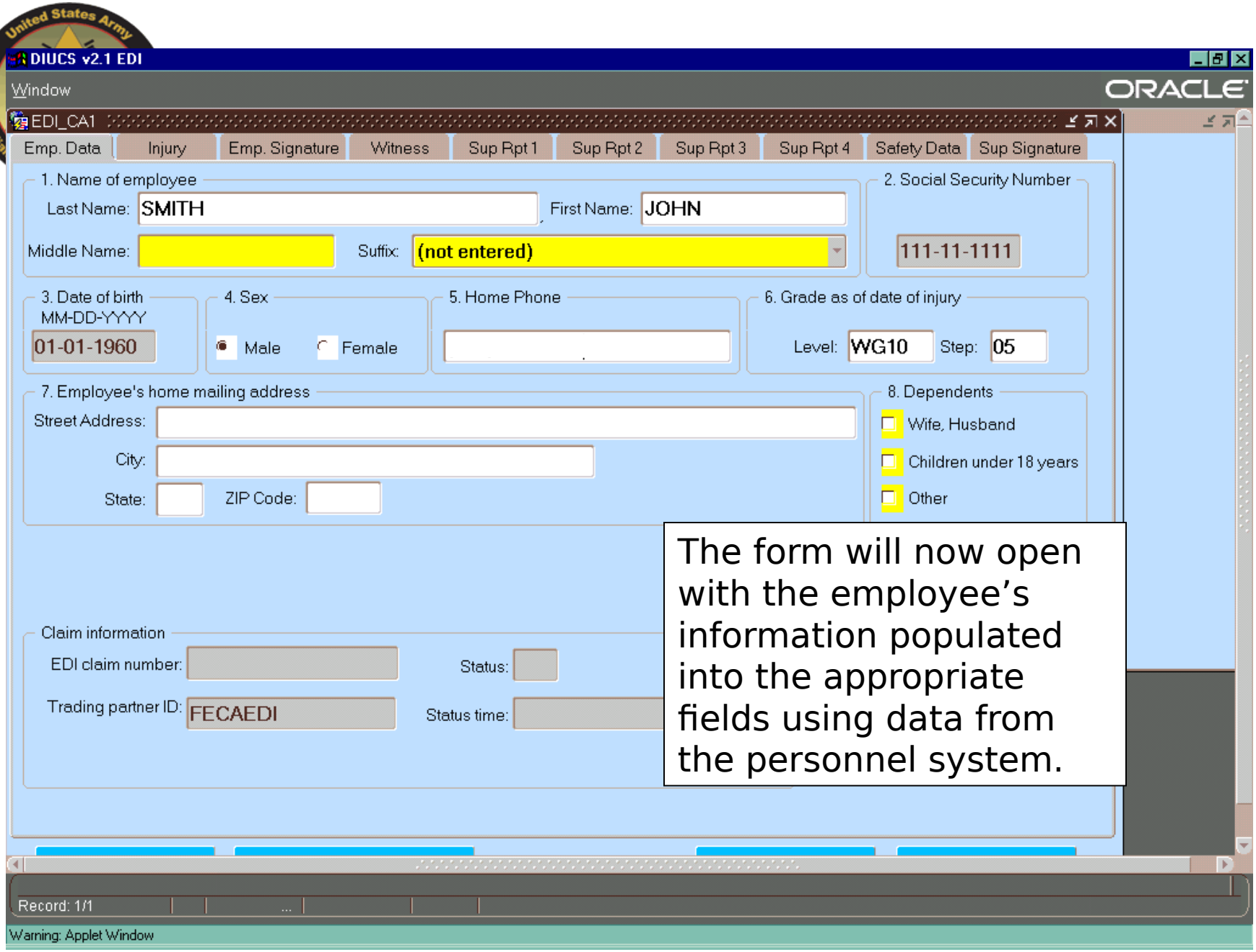


After selecting the link, this screen will open. The user will need to read and select OK in order to continue.

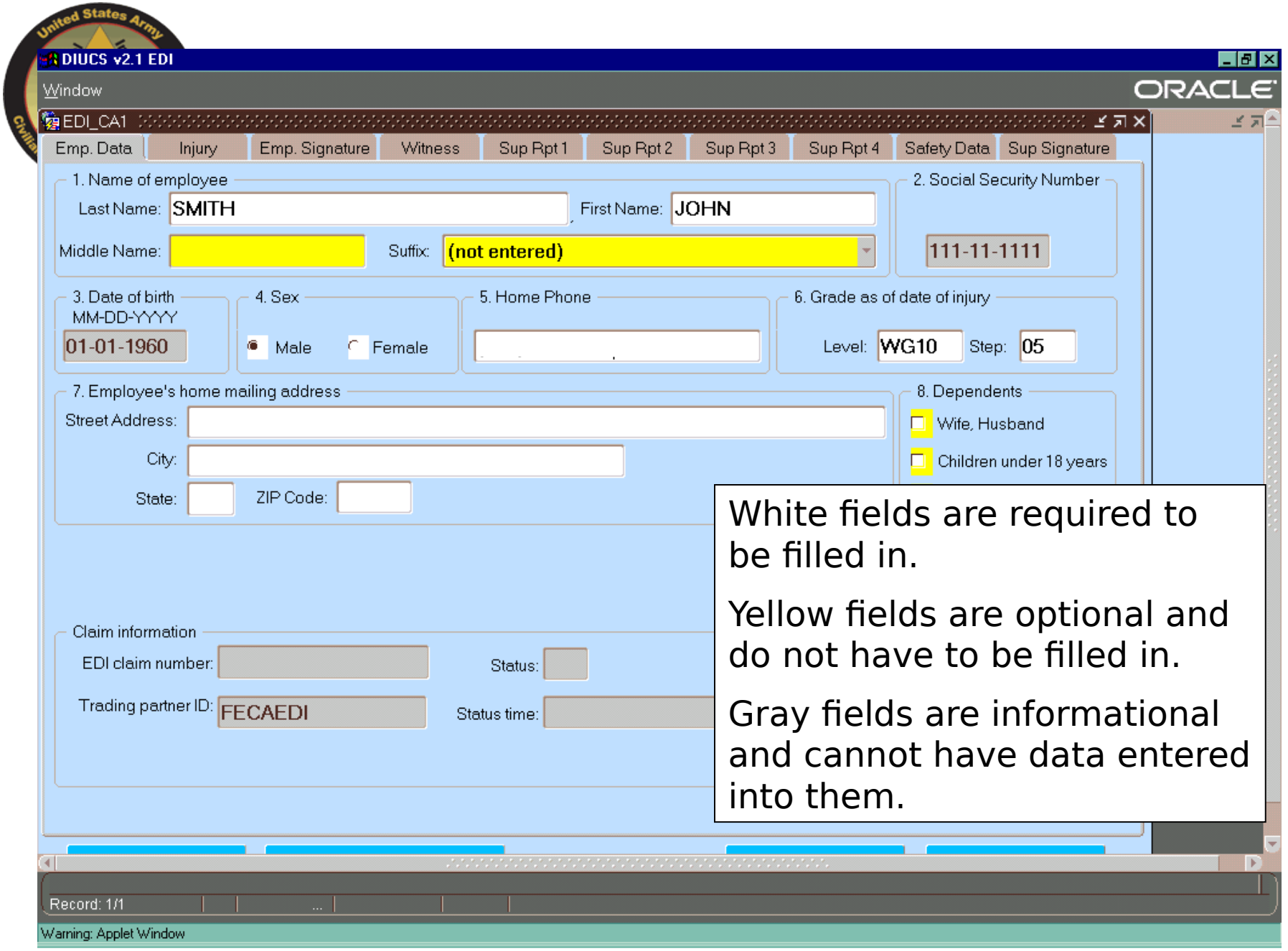

Supervisor Entry
Enter A New U.S. Department of Labor
Worker's Compensation Claim Form:
Claimant
Social Security Number (SSN):
Date of Birth (MM/DD/YYYY):
When the initial claim entry screen appears, the employee's SSN and DOB will be entered and type of claim form will be selected.
Claim Form Type
CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation
CA-2 Notice of Occupational Disease and Claim for Compensation
Enter claim
Exit
EDI/SaFER V1.35 07/26/06



Once the employee's information is added, select the **Enter claim** button to begin entering data.



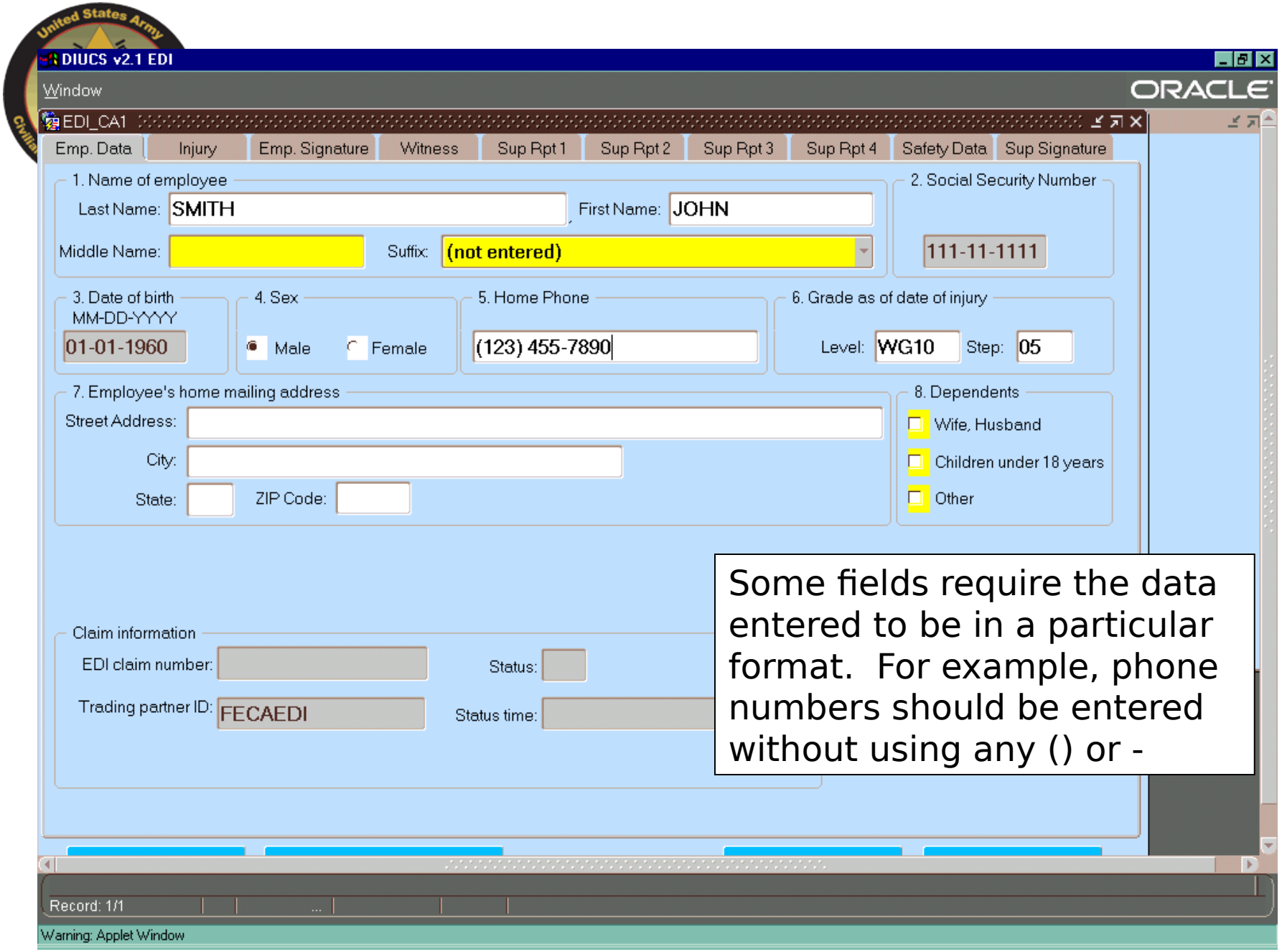
The form will now open with the employee's information populated into the appropriate fields using data from the personnel system.



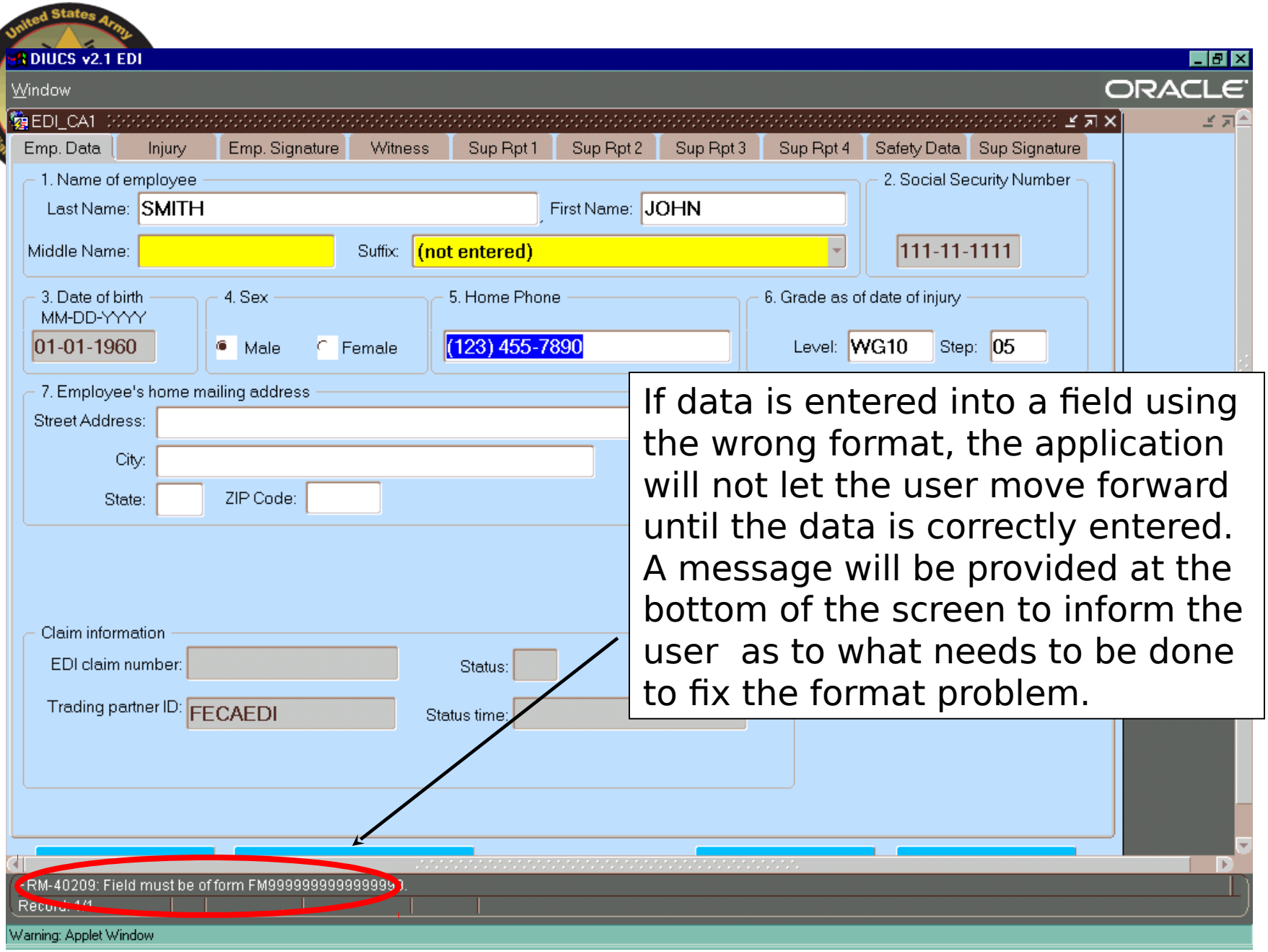
White fields are required to be filled in.

Yellow fields are optional and do not have to be filled in.

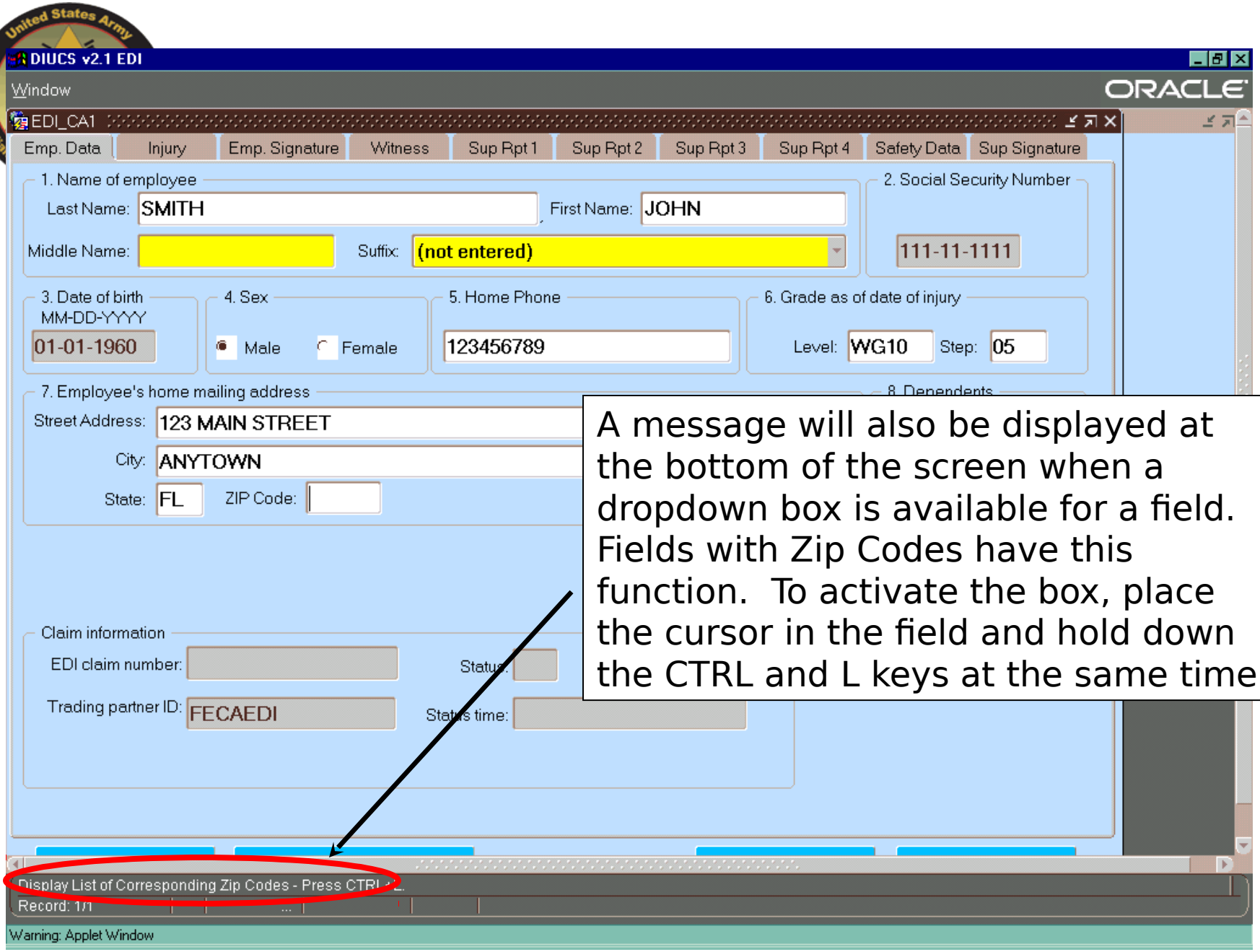
Gray fields are informational and cannot have data entered into them.



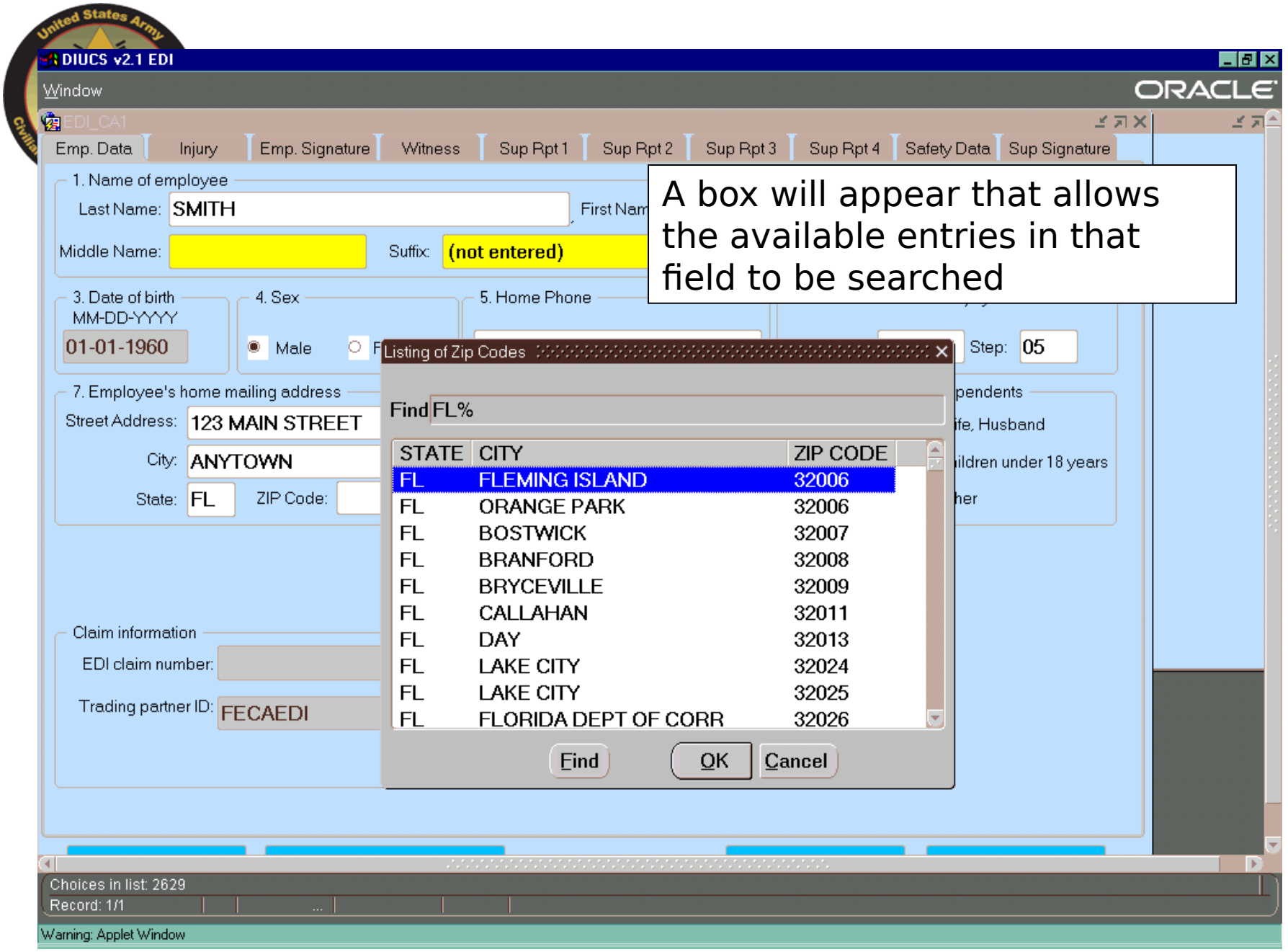
Some fields require the data entered to be in a particular format. For example, phone numbers should be entered without using any () or -



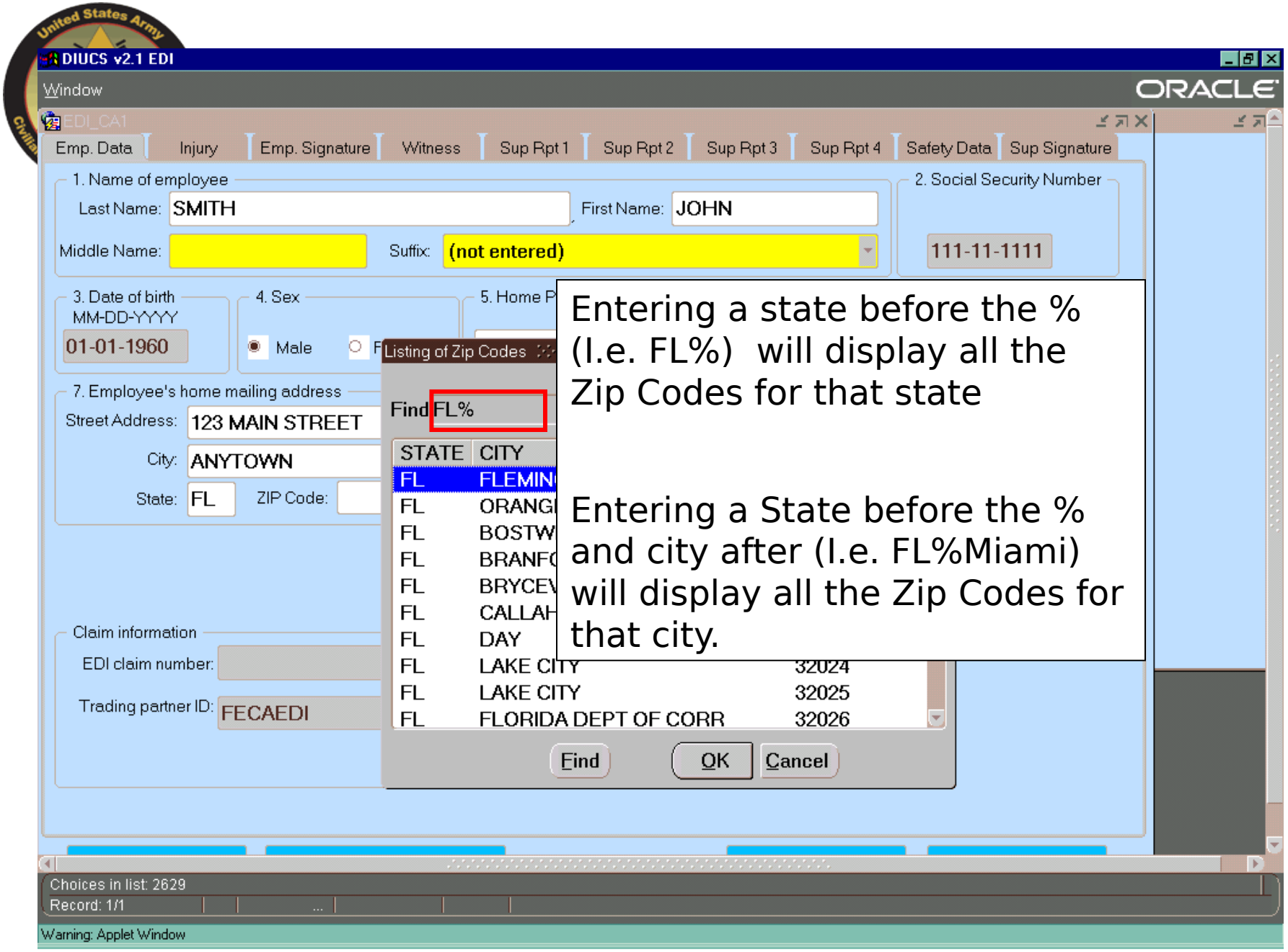
If data is entered into a field using the wrong format, the application will not let the user move forward until the data is correctly entered. A message will be provided at the bottom of the screen to inform the user as to what needs to be done to fix the format problem.

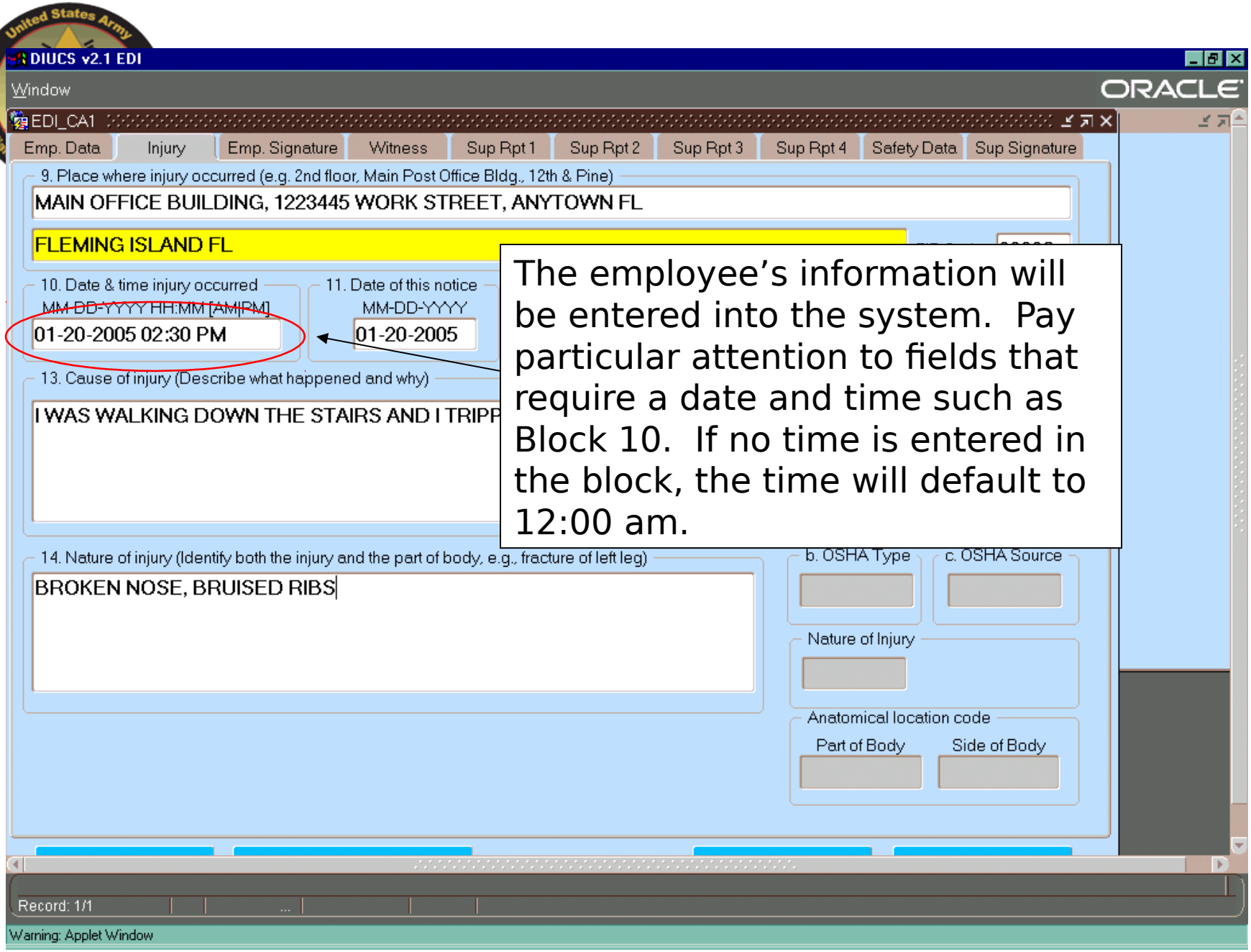


A message will also be displayed at the bottom of the screen when a dropdown box is available for a field. Fields with Zip Codes have this function. To activate the box, place the cursor in the field and hold down the CTRL and L keys at the same time.

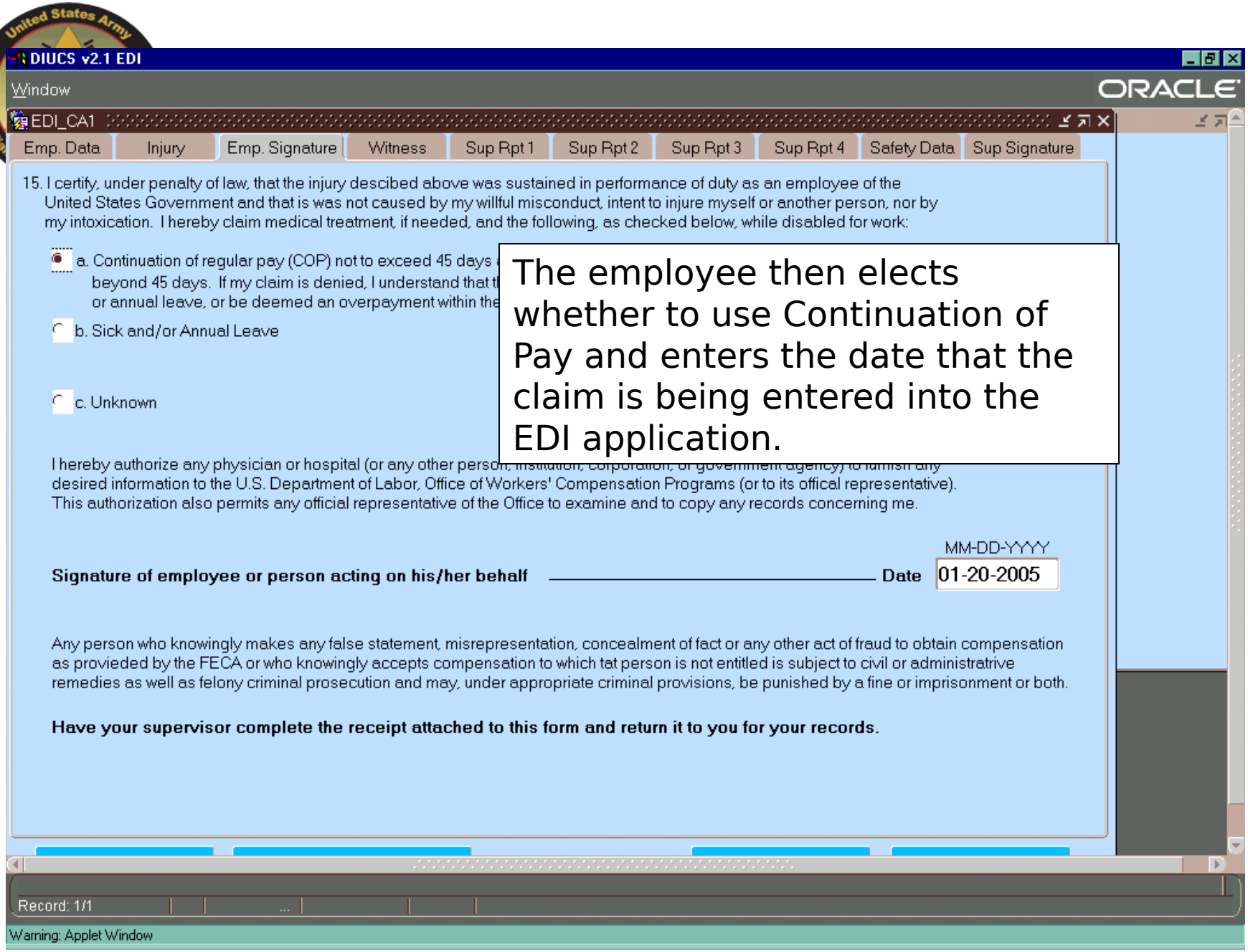


A box will appear that allows the available entries in that field to be searched

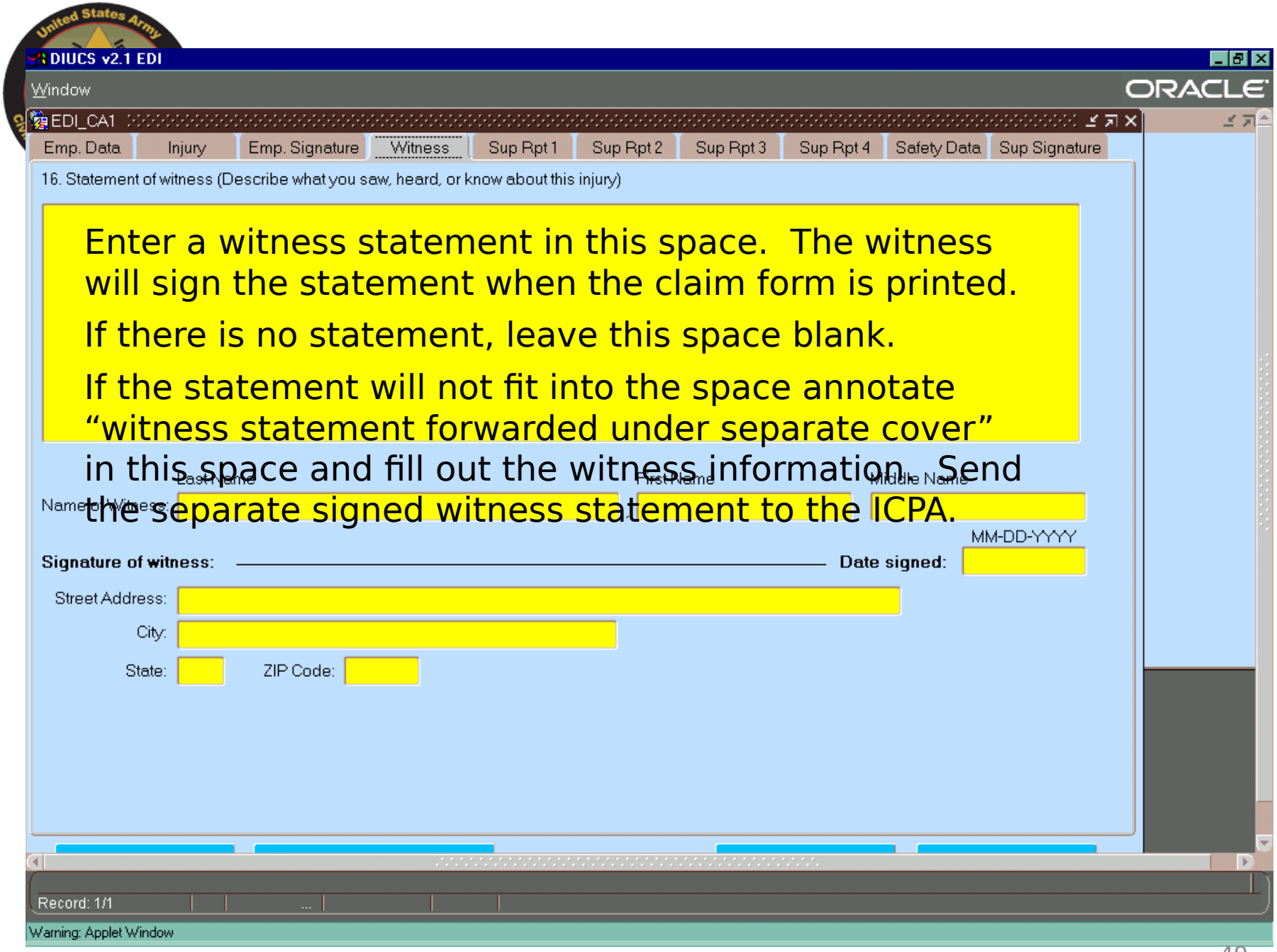

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
1. Name of employee
Last Name: SMITH
First Name: JOHN
Middle Name:
Suffix: (not entered)
2. Social Security Number
111-11-1111
3. Date of birth
MM-DD-YYYY
01-01-1960
4. Sex
Male
5. Home P
7. Employee's home mailing address
Street Address: 123 MAIN STREET
City: ANYTOWN
State: FL
ZIP Code:
Claim information
EDI claim number:
Trading partner ID: FECAEDI
Listing of Zip Codes
Find FL%
STATE CITY
FL FLEMIN
FL ORANG
FL BOSTW
FL BRANF
FL BRYCE
FL CALLAH
FL DAY
FL LAKE CITY 32024
FL LAKE CITY 32025
FL FLORIDA DEPT OF CORR 32026
Find
OK
Cancel
Entering a state before the % (I.e. FL%) will display all the Zip Codes for that state
Entering a State before the % and city after (I.e. FL%Miami) will display all the Zip Codes for that city.
Choices in list: 2629
Record: 1/1
Warning: Applet Window



The employee's information will be entered into the system. Pay particular attention to fields that require a date and time such as Block 10. If no time is entered in the block, the time will default to 12:00 am.



The employee then elects whether to use Continuation of Pay and enters the date that the claim is being entered into the EDI application.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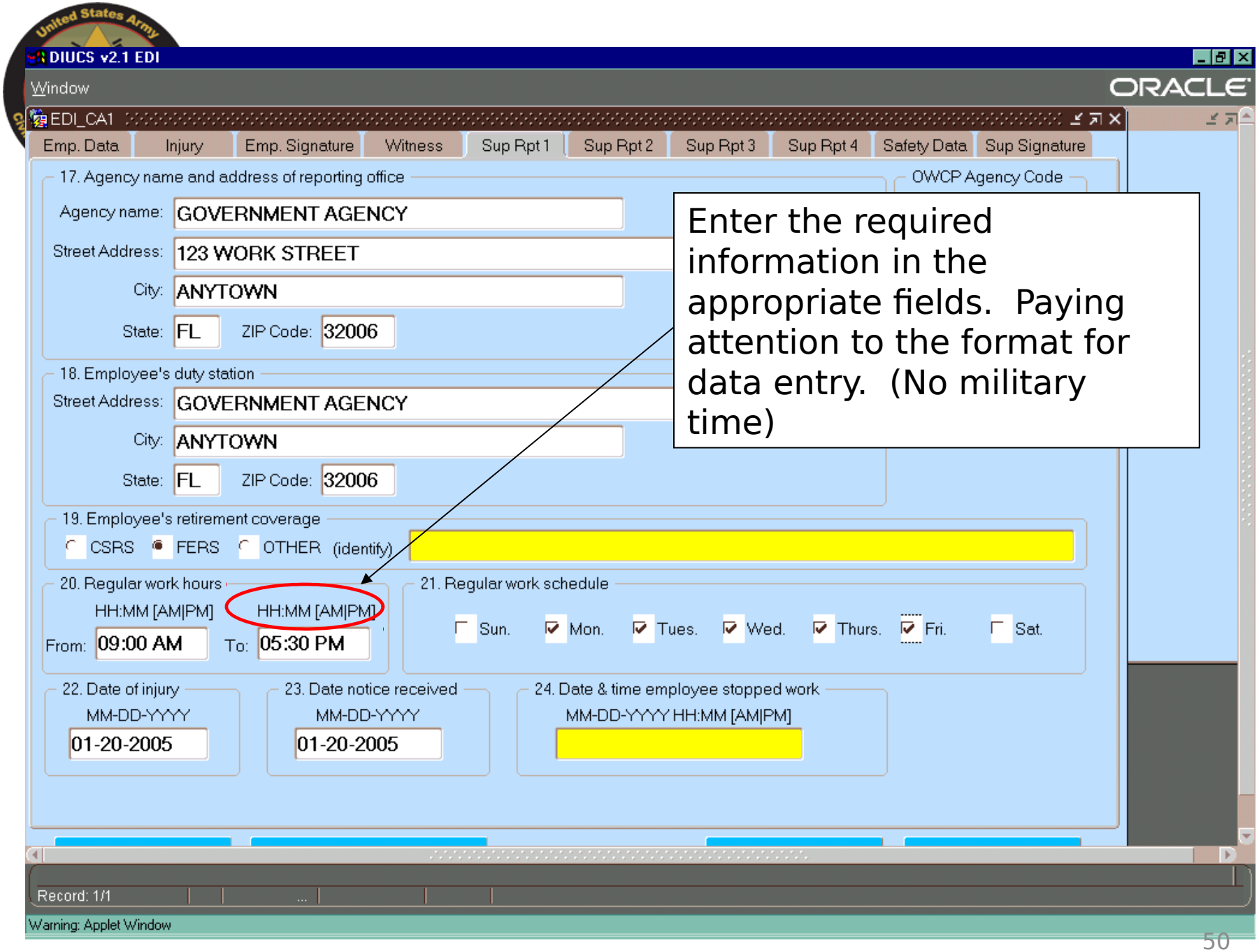
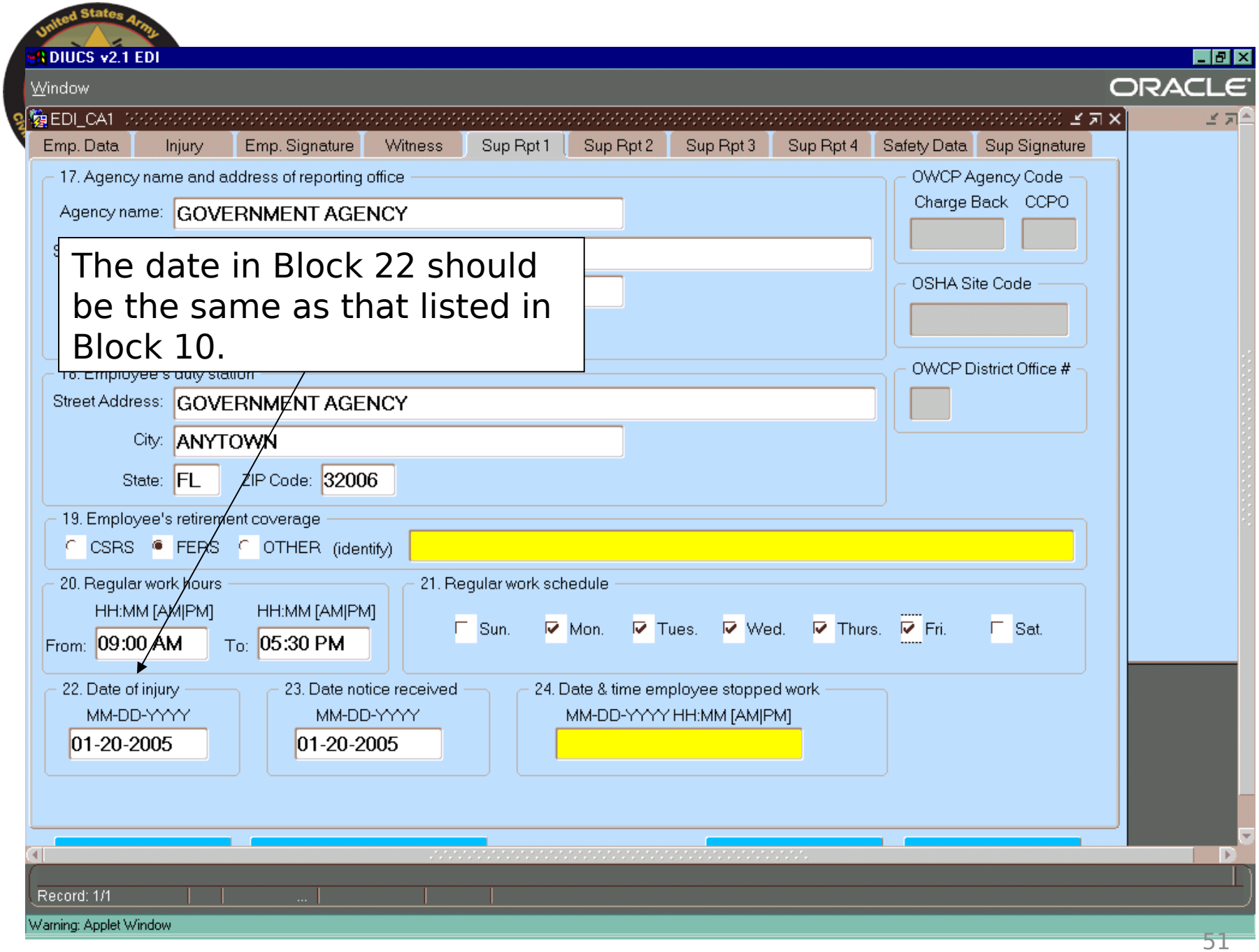
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
16. Statement of witness (Describe what you saw, heard, or know about this injury)
Enter a witness statement in this space. The witness will sign the statement when the claim form is printed.
If there is no statement, leave this space blank.
If the statement will not fit into the space annotate "witness statement forwarded under separate cover" in this space and fill out the witness information. Send the separate signed witness statement to the ICPA.
Named Witness:
Last Name
First Name
Middle Name
MM-DD-YYYY
Signature of witness:
Date signed:
Street Address:
City:
State:
ZIP Code:
Record: 1/1
Warning: Applet Window



Enter the required information in the appropriate fields. Paying attention to the format for data entry. (No military time)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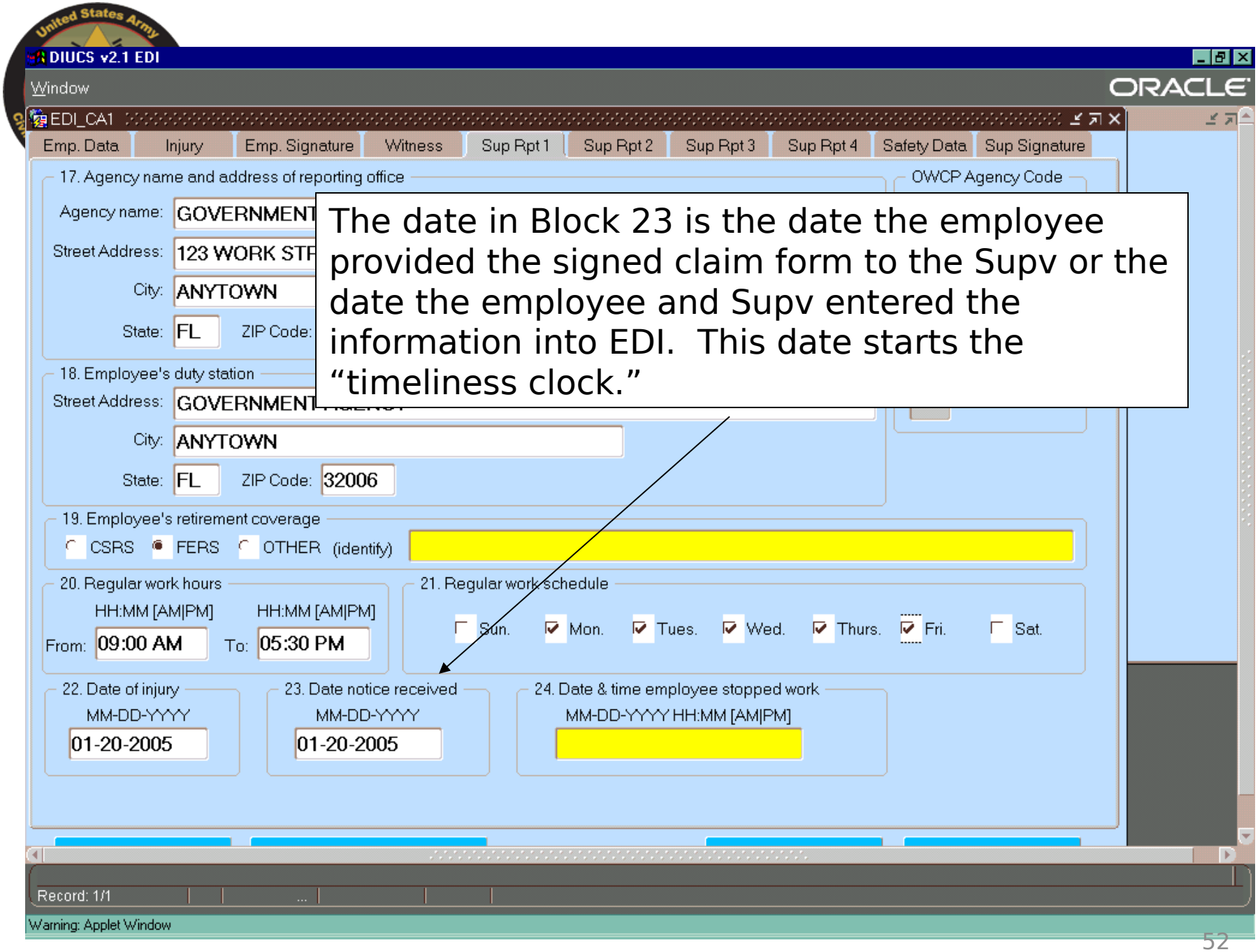
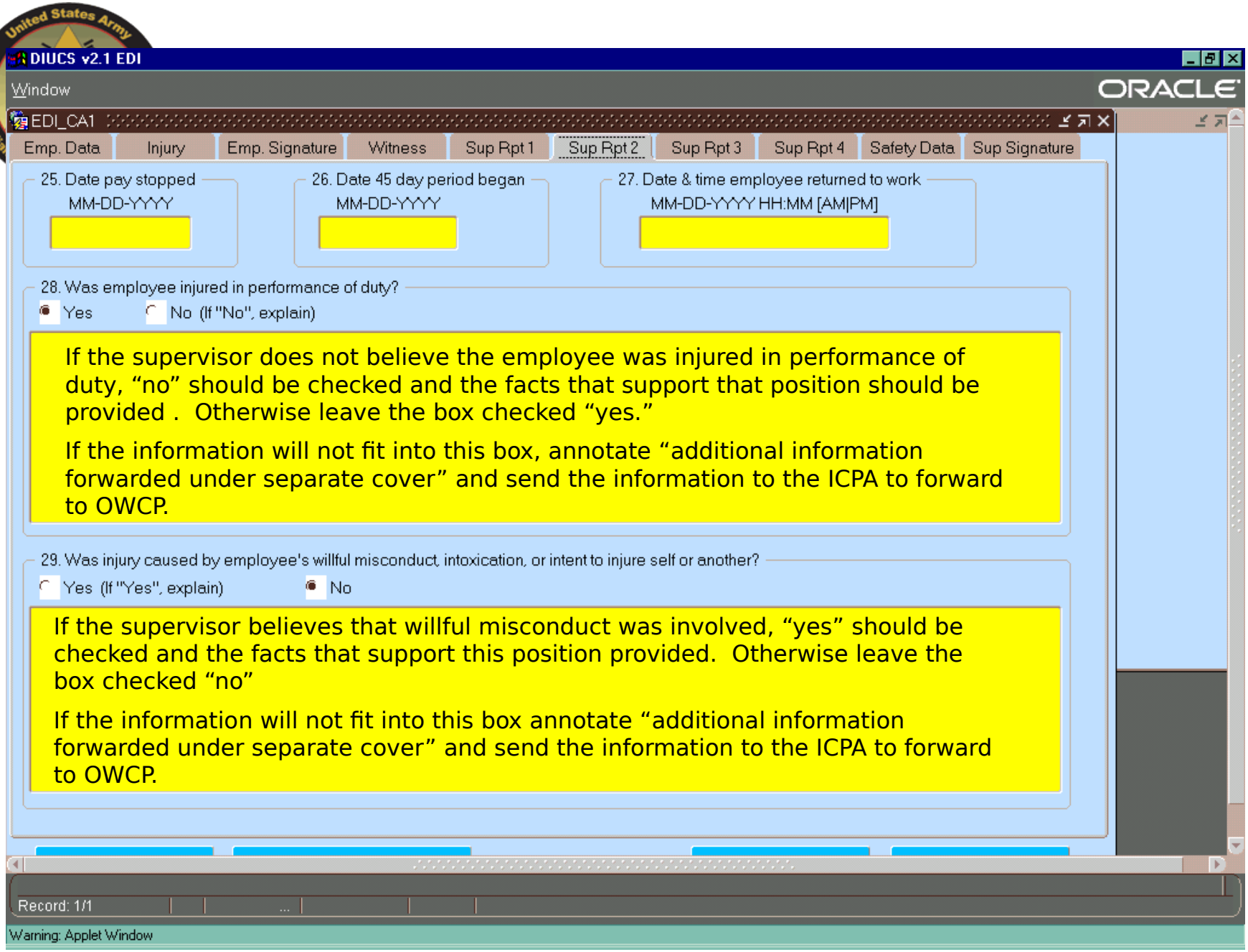
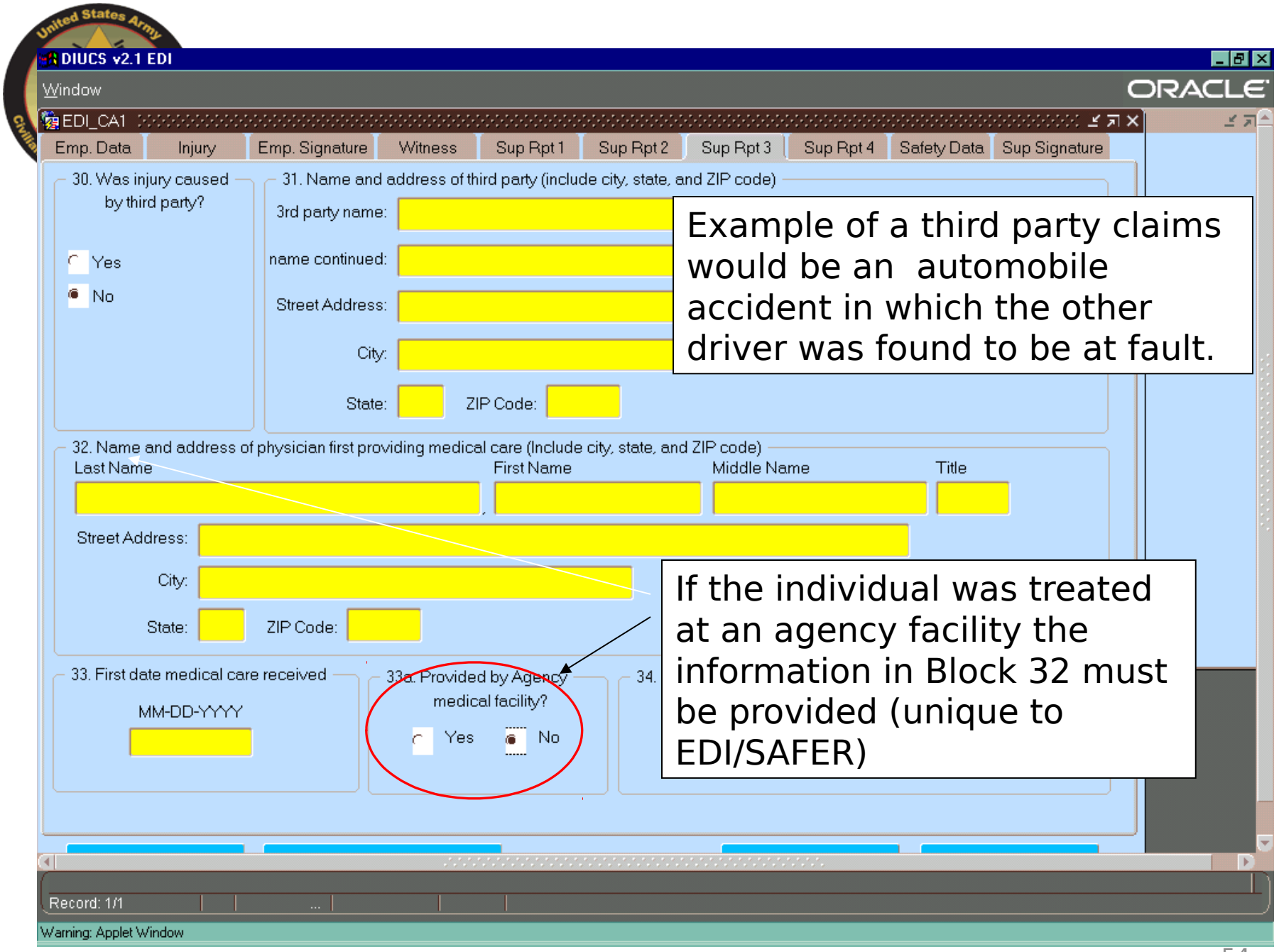
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
17. Agency name and address of reporting office
Agency name: GOVERNMENT AGENCY
OWCP Agency Code
Charge Back
CCPO
OSHA Site Code
OWCP District Office #
The date in Block 22 should be the same as that listed in Block 10.
Street Address: GOVERNMENT AGENCY
City: ANYTOWN
State: FL
ZIP Code: 32006
19. Employee's retirement coverage
CSRS
FERS
OTHER
(identify)
20. Regular work hours
HH:MM [AM|PM]
From: 09:00 AM
To: 05:30 PM
21. Regular work schedule
Sun.
Mon.
Tues.
Wed.
Thurs.
Fri.
Sat.
22. Date of injury
MM-DD-YYYY
01-20-2005
23. Date notice received
MM-DD-YYYY
01-20-2005
24. Date & time employee stopped work
MM-DD-YYYY HH:MM [AM|PM]
Record: 1/1
Warning: Applet Window



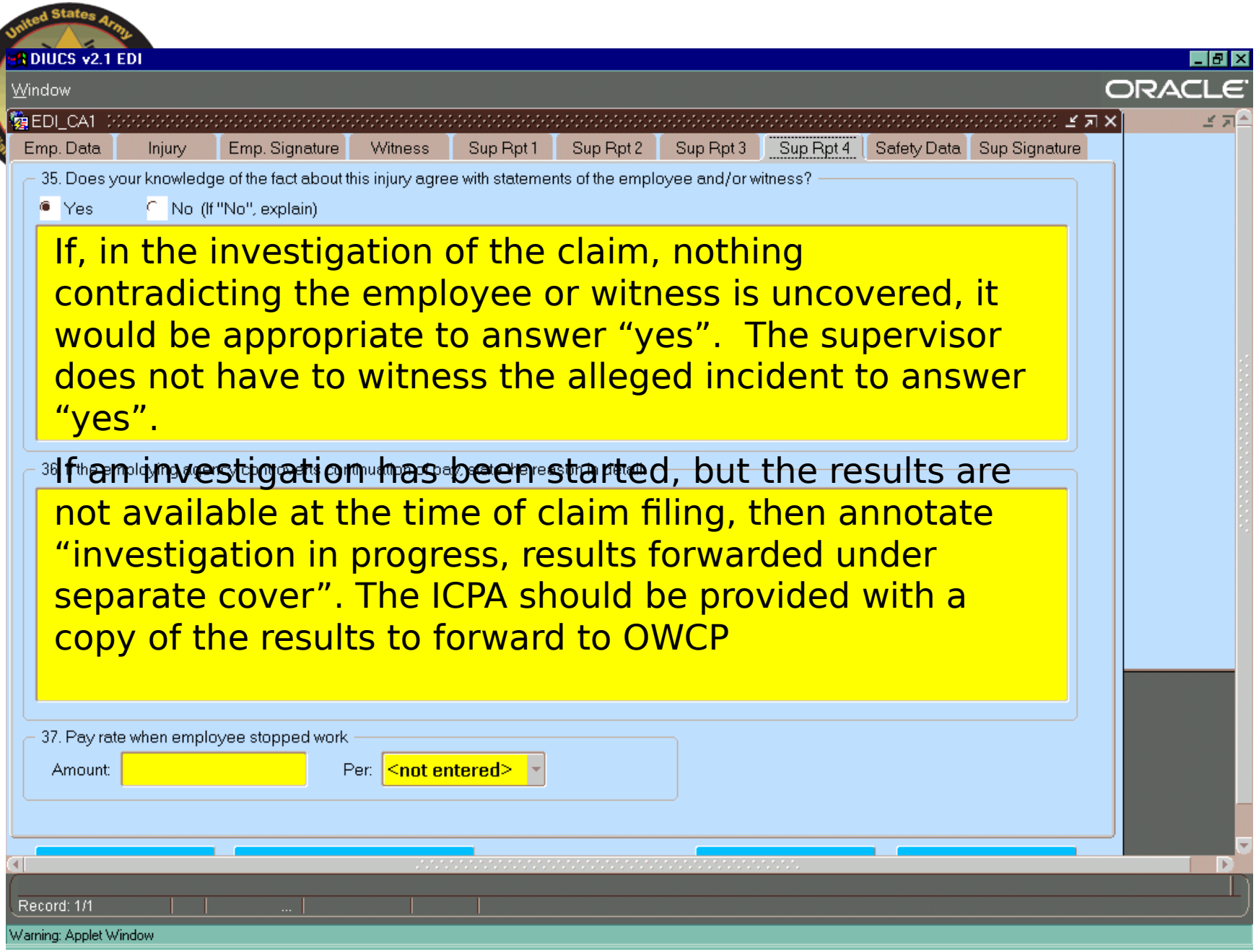
The date in Block 23 is the date the employee provided the signed claim form to the Supv or the date the employee and Supv entered the information into EDI. This date starts the "timeliness clock."

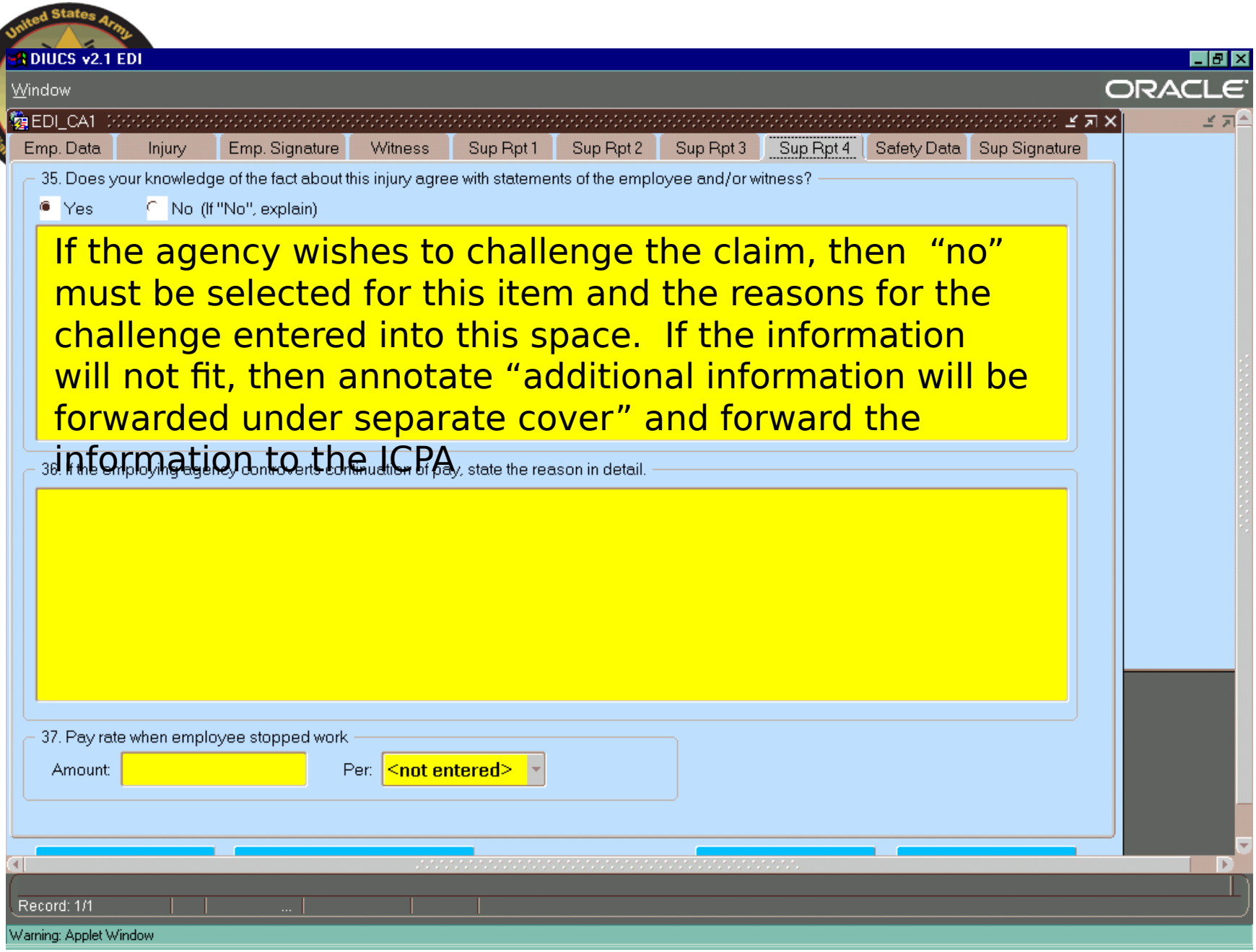

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
25. Date pay stopped
MM-DD-YYYY
26. Date 45 day period began
MM-DD-YYYY
27. Date & time employee returned to work
MM-DD-YYYY HH:MM [AM|PM]
28. Was employee injured in performance of duty?
Yes
No (If "No", explain)
If the supervisor does not believe the employee was injured in performance of duty, “no” should be checked and the facts that support that position should be provided . Otherwise leave the box checked “yes.”
If the information will not fit into this box, annotate “additional information forwarded under separate cover” and send the information to the ICPA to forward to OWCP.
29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another?
Yes (If "Yes", explain)
No
If the supervisor believes that willful misconduct was involved, “yes” should be checked and the facts that support this position provided. Otherwise leave the box checked “no”
If the information will not fit into this box annotate “additional information forwarded under separate cover” and send the information to the ICPA to forward to OWCP.
Record: 1/1
Warning: Applet Window

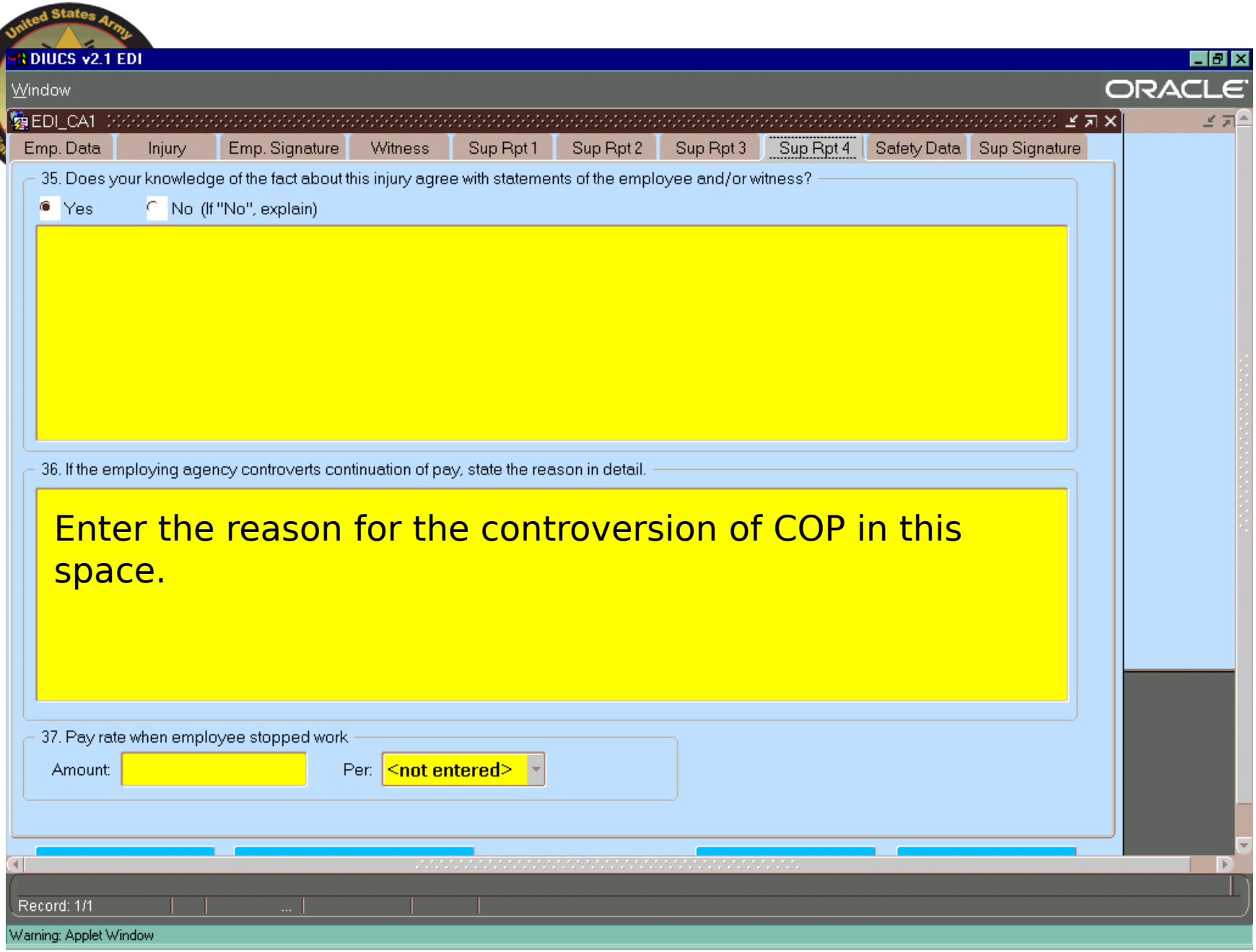


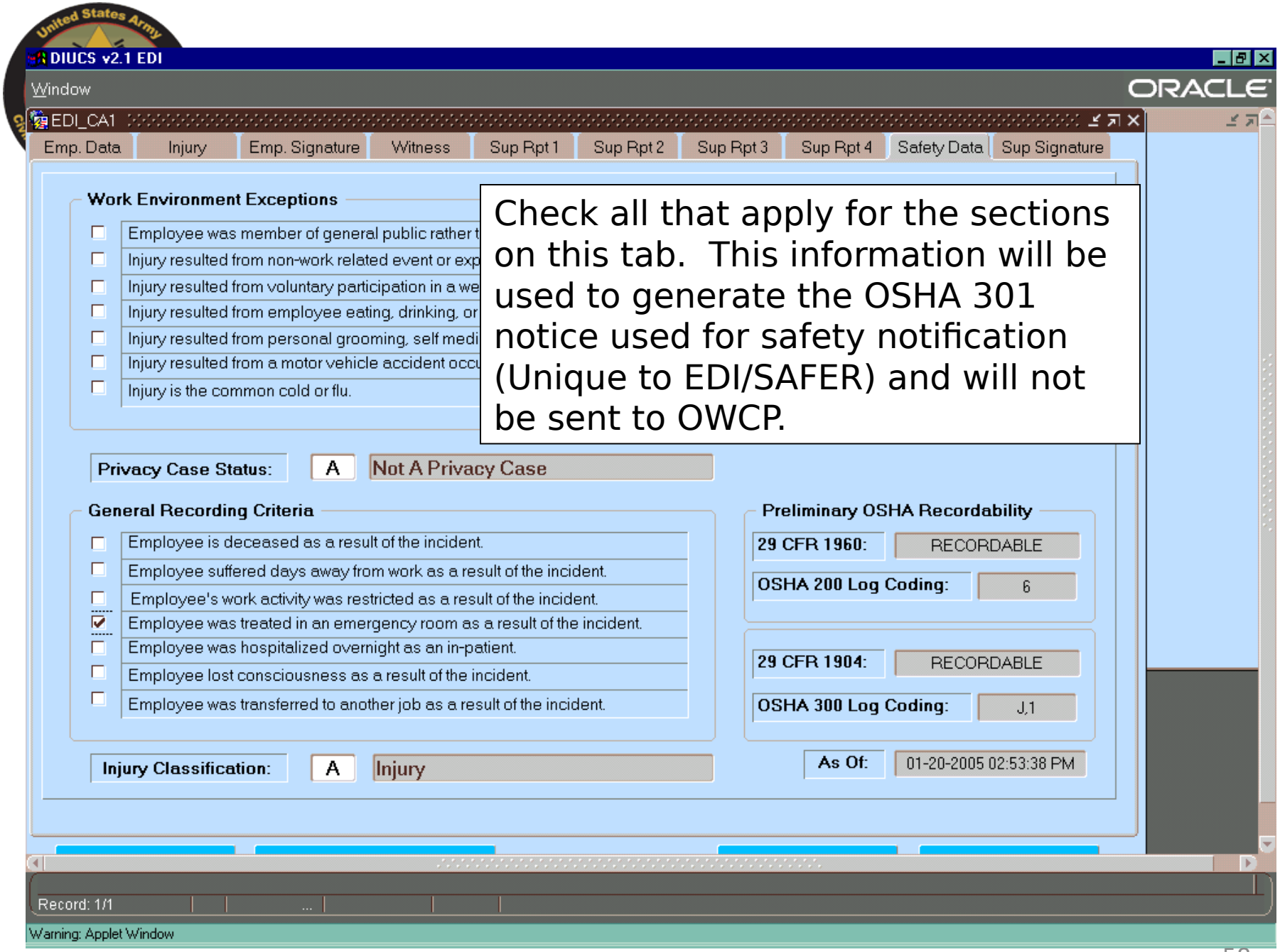
Example of a third party claims would be an automobile accident in which the other driver was found to be at fault.

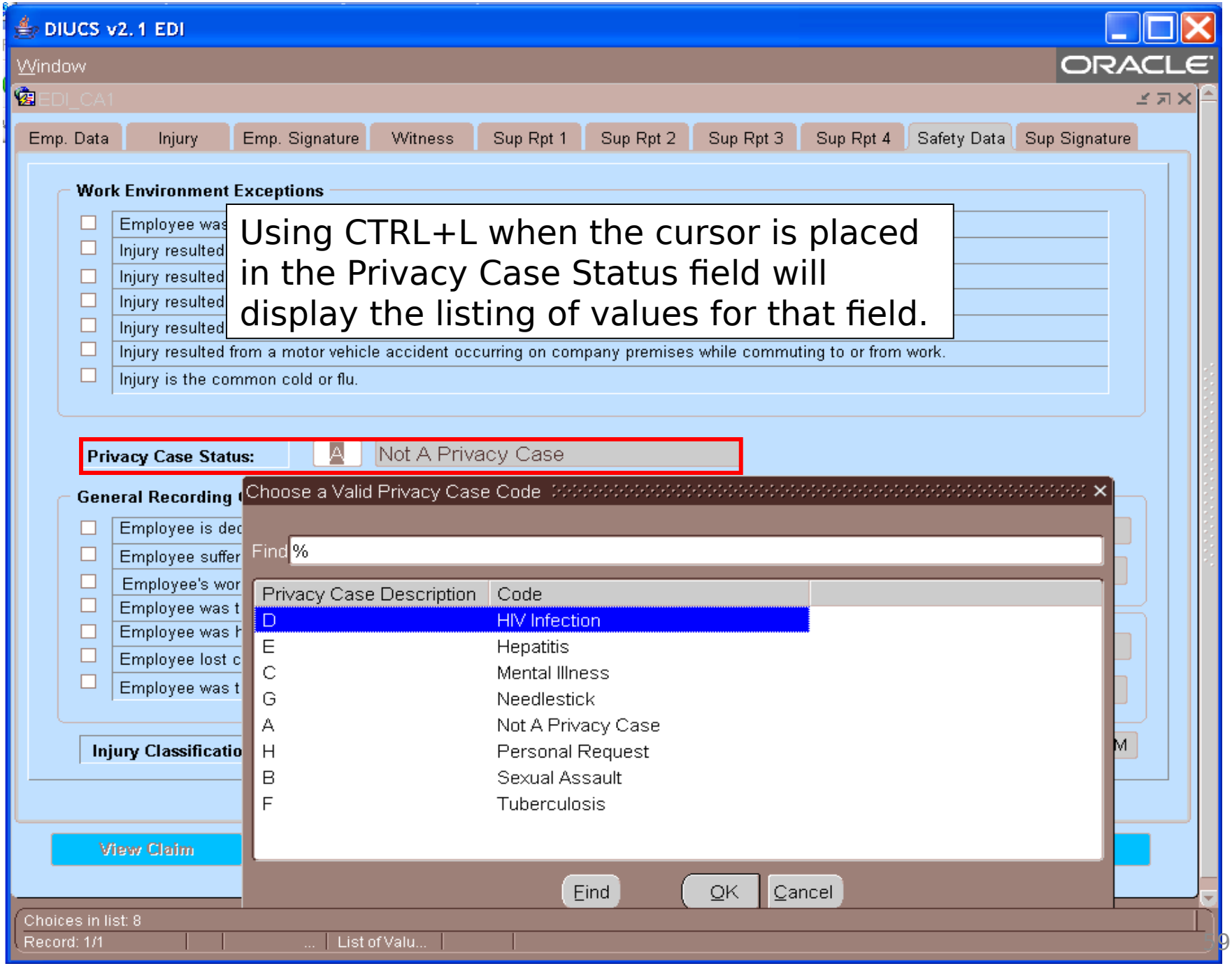
If the individual was treated at an agency facility the information in Block 32 must be provided (unique to EDI/SAFER)

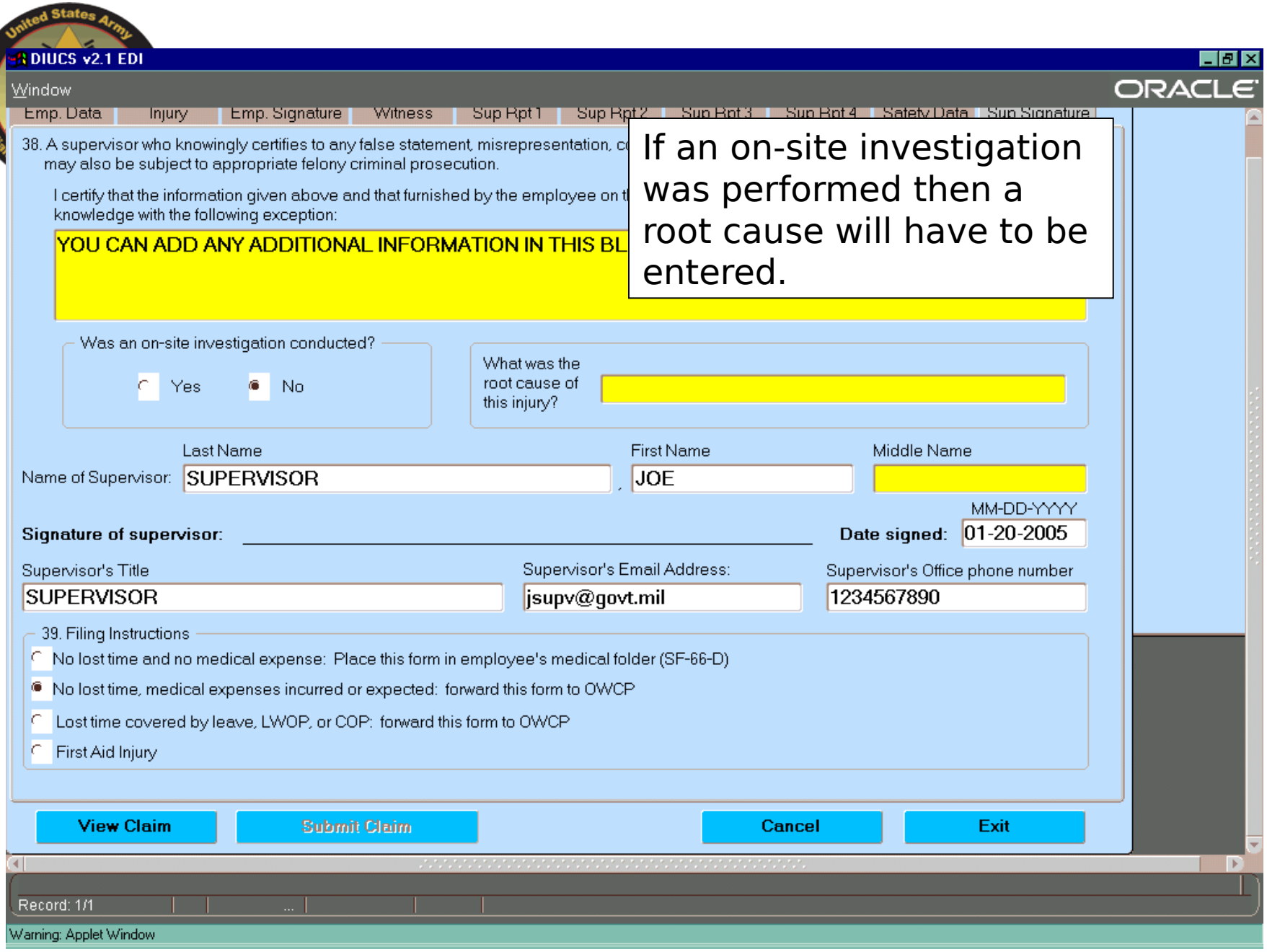

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?
Yes
No (If "No", explain)
If, in the investigation of the claim, nothing contradicting the employee or witness is uncovered, it would be appropriate to answer “yes”. The supervisor does not have to witness the alleged incident to answer “yes”.
If an investigation has been started, but the results are not available at the time of claim filing, then annotate “investigation in progress, results forwarded under separate cover”. The ICPA should be provided with a copy of the results to forward to OWCP
37. Pay rate when employee stopped work
Amount:
Per:
<not entered>
Record: 1/1
Warning: Applet Window

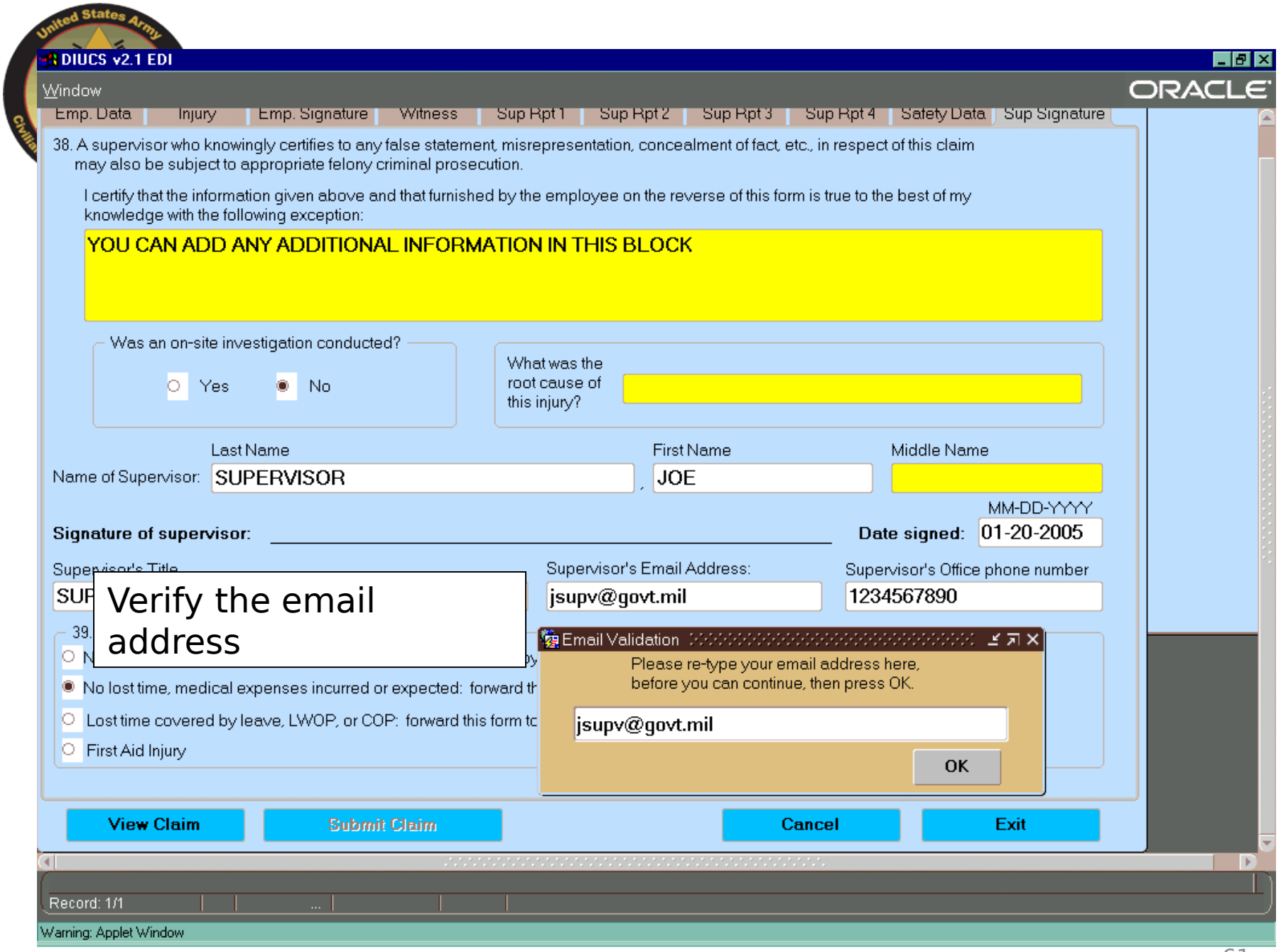

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?
Yes
No (If "No", explain)
If the agency wishes to challenge the claim, then "no" must be selected for this item and the reasons for the challenge entered into this space. If the information will not fit, then annotate "additional information will be forwarded under separate cover" and forward the information to the ICPA
36. If the employing agency controverts continuation of pay, state the reason in detail.
37. Pay rate when employee stopped work
Amount:
Per:
<not entered>
Record: 1/1
Warning: Applet Window

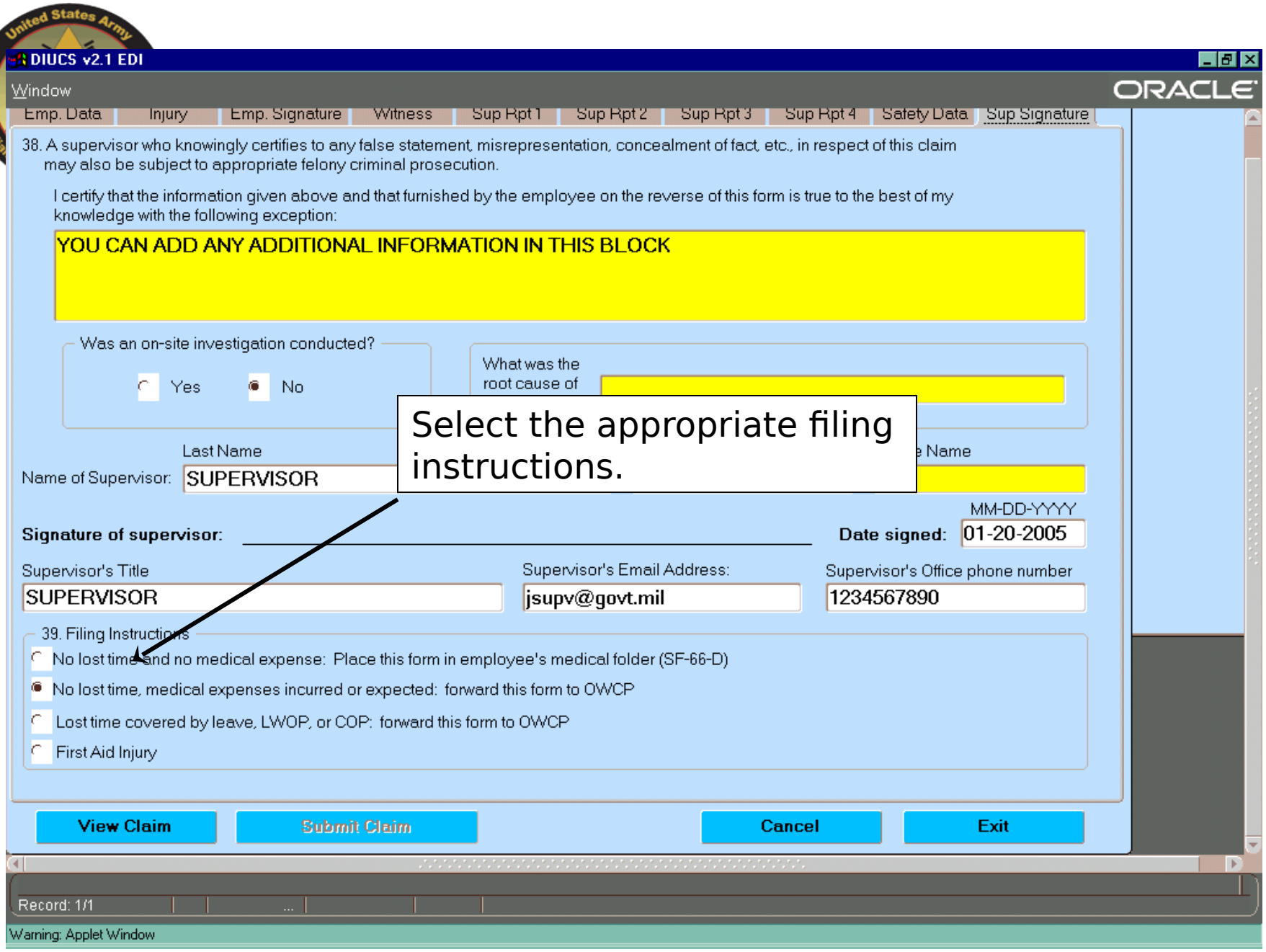

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?
Yes
No (If "No", explain)
36. If the employing agency controverts continuation of pay, state the reason in detail.
Enter the reason for the controversion of COP in this space.
37. Pay rate when employee stopped work
Amount:
Per:
<not entered>
Record: 1/1
Warning: Applet Window

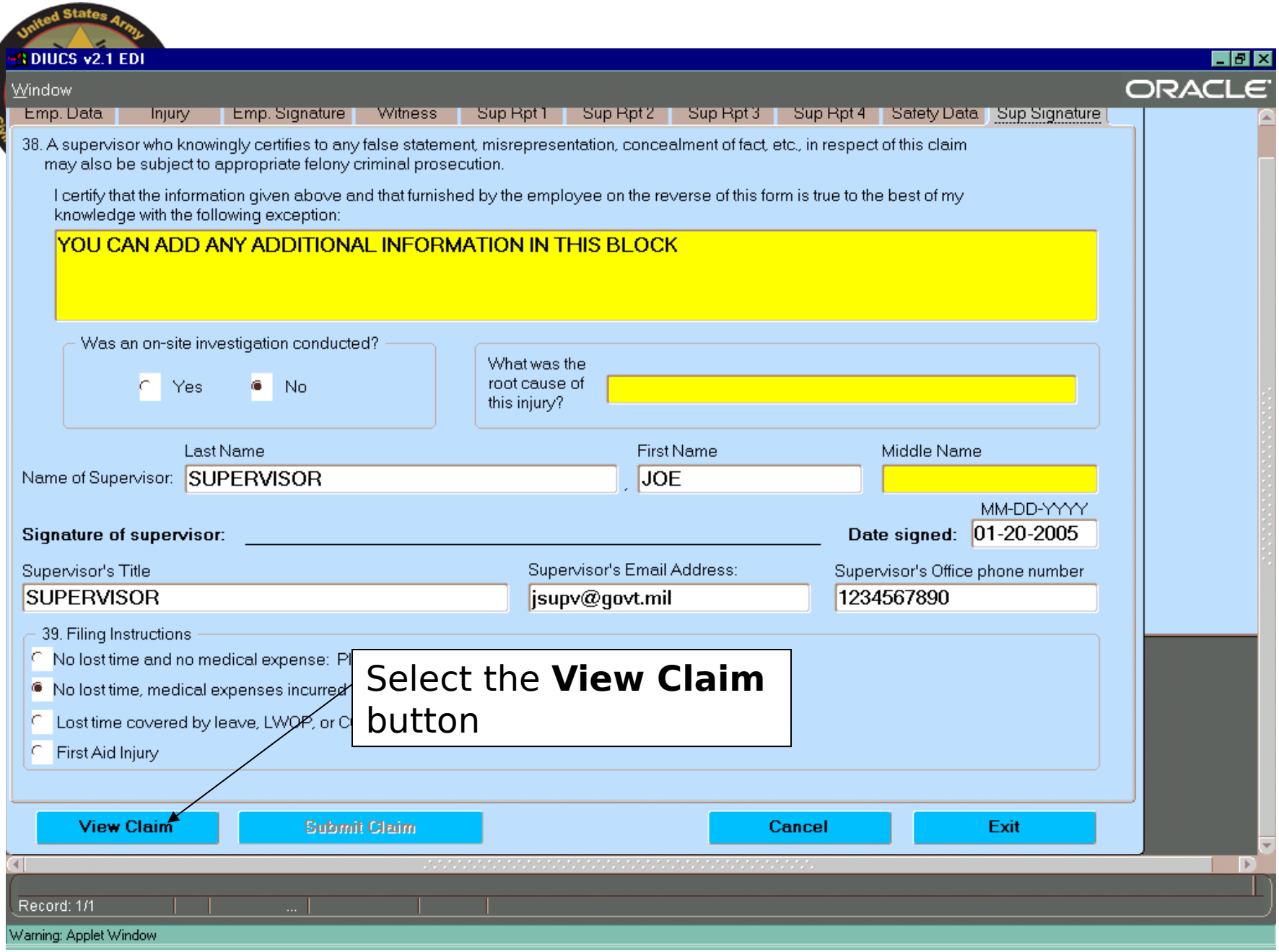

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
Work Environment Exceptions
Employee was member of general public rather t
Injury resulted from non-work related event or exp
Injury resulted from voluntary participation in a we
Injury resulted from employee eating, drinking, or
Injury resulted from personal grooming, self medi
Injury resulted from a motor vehicle accident occu
Injury is the common cold or flu.
Check all that apply for the sections on this tab. This information will be used to generate the OSHA 301 notice used for safety notification (Unique to EDI/SAFER) and will not be sent to OWCP.
Privacy Case Status:
A
Not A Privacy Case
General Recording Criteria
Employee is deceased as a result of the incident.
Employee suffered days away from work as a result of the incident.
Employee's work activity was restricted as a result of the incident.
Employee was treated in an emergency room as a result of the incident.
Employee was hospitalized overnight as an in-patient.
Employee lost consciousness as a result of the incident.
Employee was transferred to another job as a result of the incident.
Preliminary OSHA Recordability
29 CFR 1960:
RECORDABLE
OSHA 200 Log Coding:
6
29 CFR 1904:
RECORDABLE
OSHA 300 Log Coding:
J,1
Injury Classification:
A
Injury
As Of:
01-20-2005 02:53:38 PM
Record: 1/1
Warning: Applet Window

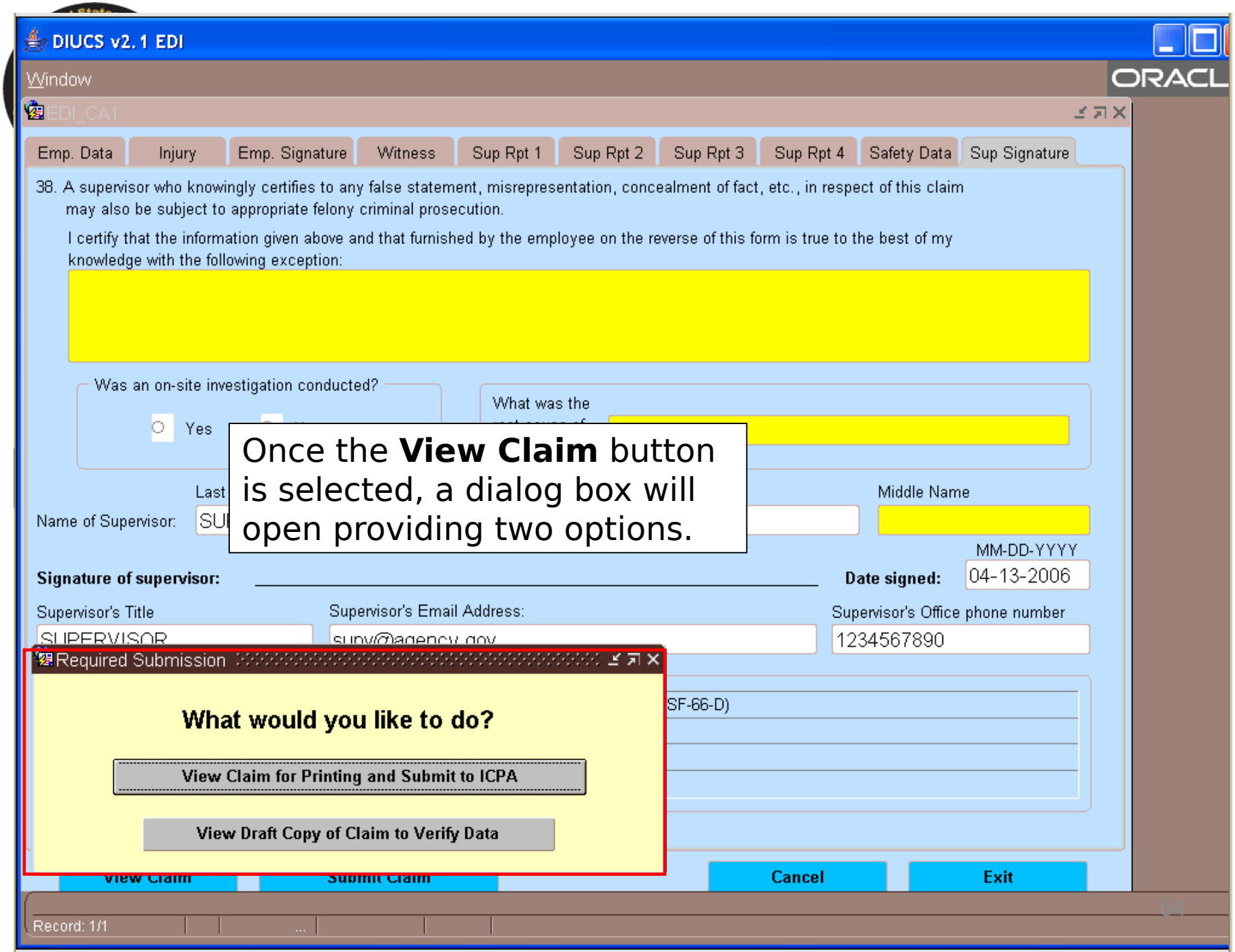

DIUCS v2.1 EDI
Window
ORACLE
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
Work Environment Exceptions
Injury resulted from a motor vehicle accident occurring on company premises while commuting to or from work.
Injury is the common cold or flu.
Using CTRL+L when the cursor is placed in the Privacy Case Status field will display the listing of values for that field.
Privacy Case Status:
A
Not A Privacy Case
General Recording
Injury Classificatio
View Claim
Choose a Valid Privacy Case Code
Find %
Privacy Case Description
Code
D HIV Infection
E Hepatitis
C Mental Illness
G Needlestick
A Not A Privacy Case
H Personal Request
B Sexual Assault
F Tuberculosis
Find
OK
Cancel
Choices in list: 8
Record: 1/1
List of Valu...

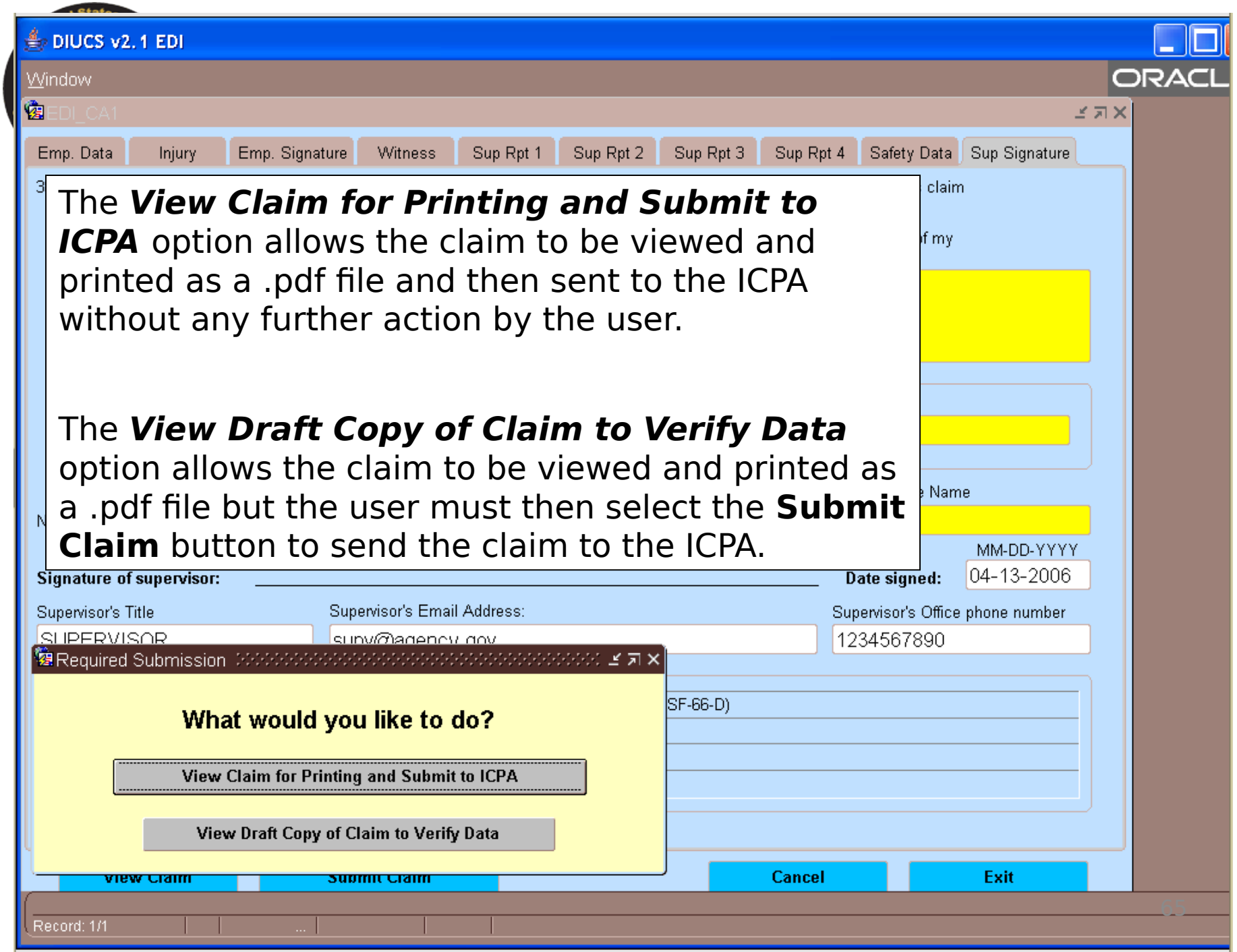

DIUCS v2.1 EDI
Window
ORACLE
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
38. A supervisor who knowingly certifies to any false statement, misrepresentation, c
may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on t
knowledge with the following exception:
YOU CAN ADD ANY ADDITIONAL INFORMATION IN THIS BL
If an on-site investigation was performed then a root cause will have to be entered.
Was an on-site investigation conducted?
Yes
No
What was the root cause of this injury?
Last Name
First Name
Middle Name
Name of Supervisor:
SUPERVISOR
JOE
MM-DD-YYYY
Signature of supervisor:
Date signed:
01-20-2005
Supervisor's Title
Supervisor's Email Address:
Supervisor's Office phone number
SUPERVISOR
jsupv@govt.mil
1234567890
39. Filing Instructions
No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
No lost time, medical expenses incurred or expected: forward this form to OWCP
Lost time covered by leave, LWOP, or COP: forward this form to OWCP
First Aid Injury
View Claim
Submit Claim
Cancel
Exit
Record: 1/1
Warning: Applet Window

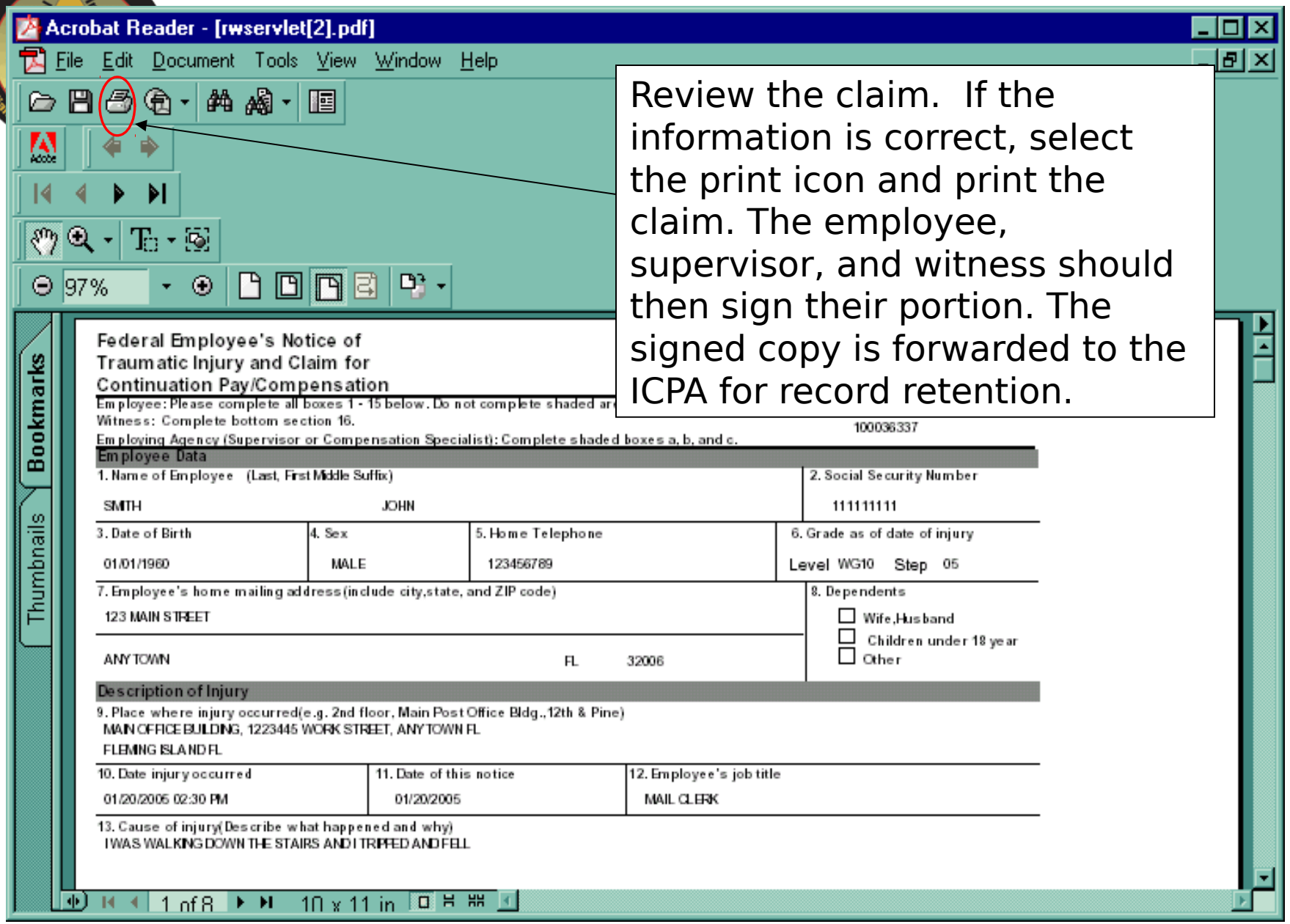

DIUCS v2.1 EDI
Window
ORACLE
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:
YOU CAN ADD ANY ADDITIONAL INFORMATION IN THIS BLOCK
Was an on-site investigation conducted?
Yes
No
What was the root cause of this injury?
Last Name
First Name
Middle Name
Name of Supervisor:
SUPERVISOR
JOE
MM-DD-YYYY
Signature of supervisor:
Date signed:
01-20-2005
Supervisor's Email Address:
jsupv@govt.mil
Supervisor's Office phone number
1234567890
Verify the email address
No lost time, medical expenses incurred or expected: forward th
Lost time covered by leave, LWOP, or COP: forward this form to
First Aid Injury
Email Validation
Please re-type your email address here, before you can continue, then press OK.
jsupv@govt.mil
OK
View Claim
Submit Claim
Cancel
Exit
Record: 1/1
Warning: Applet Window


DIUCS v2.1 EDI
Window
ORACLE
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:
YOU CAN ADD ANY ADDITIONAL INFORMATION IN THIS BLOCK
Was an on-site investigation conducted?
Yes
No
What was the root cause of
Select the appropriate filing instructions.
Last Name
Name of Supervisor:
SUPERVISOR
Signature of supervisor:
Date signed:
MM-DD-YYYY
01-20-2005
Supervisor's Title
SUPERVISOR
Supervisor's Email Address:
jsupv@govt.mil
Supervisor's Office phone number
1234567890
39. Filing Instructions
No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
No lost time, medical expenses incurred or expected: forward this form to OWCP
Lost time covered by leave, LWOP, or COP: forward this form to OWCP
First Aid Injury
View Claim
Submit Claim
Cancel
Exit
Record: 1/1
Warning: Applet Window

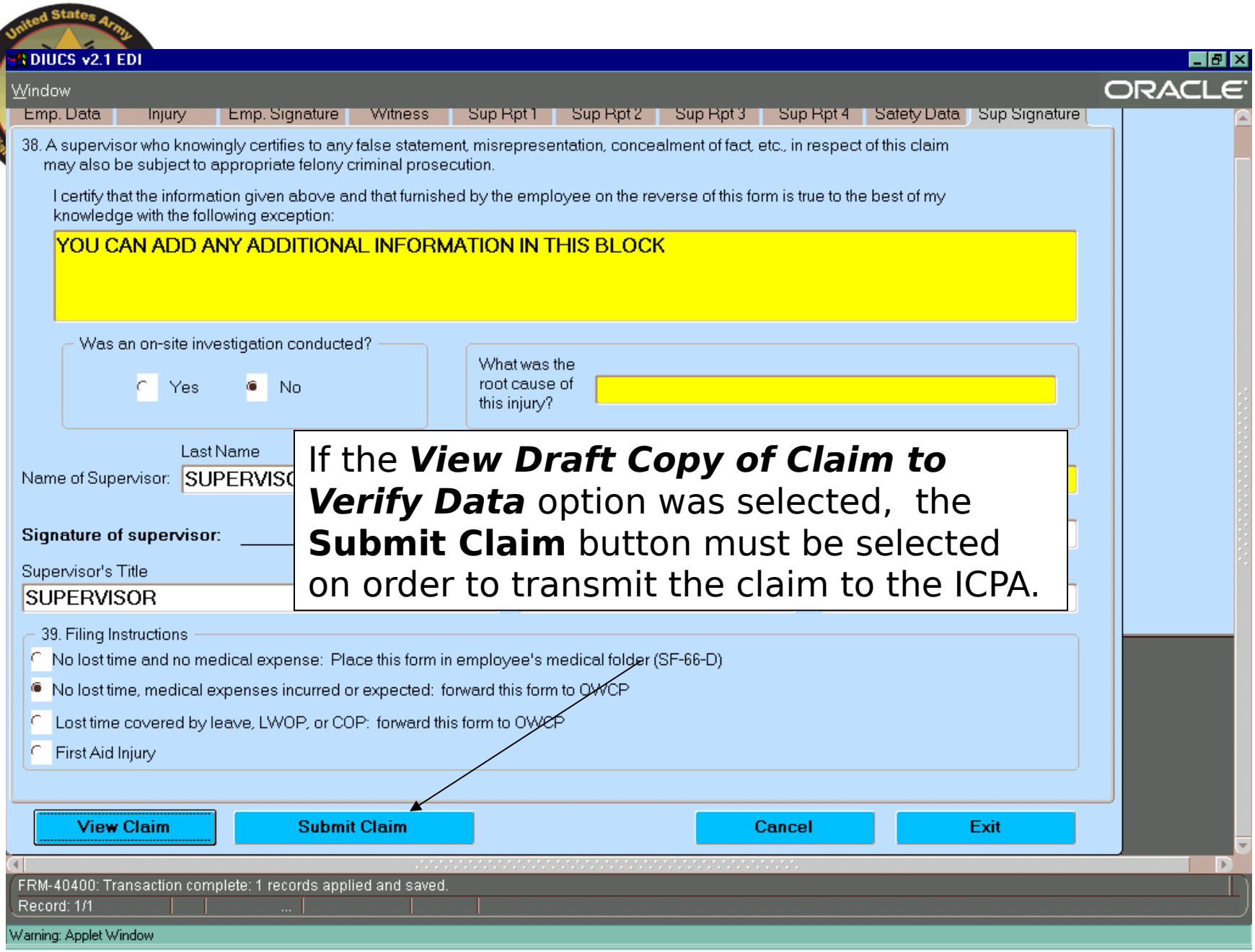

DIUCS v2.1 EDI
Window
ORACLE
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:
YOU CAN ADD ANY ADDITIONAL INFORMATION IN THIS BLOCK
Was an on-site investigation conducted?
Yes
No
What was the root cause of this injury?
Last Name
First Name
Middle Name
Name of Supervisor:
SUPERVISOR
JOE
MM-DD-YYYY
Signature of supervisor:
Date signed:
01-20-2005
Supervisor's Title
Supervisor's Email Address:
Supervisor's Office phone number
SUPERVISOR
jsupv@govt.mil
1234567890
39. Filing Instructions
No lost time and no medical expense: Pl
No lost time, medical expenses incurred
Lost time covered by leave, LWOP, or C
First Aid Injury
Select the View Claim button
View Claim
Submit Claim
Cancel
Exit
Record: 1/1
Warning: Applet Window


DIUCS v2.1 EDI
Window
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.
I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:
Was an on-site investigation conducted?
Yes
What was the
Once the **View Claim** button is selected, a dialog box will open providing two options.
Name of Supervisor:
Last
Middle Name
MM-DD-YYYY
Signature of supervisor:
Date signed:
04-13-2006
Supervisor's Title
SUPERVISOR
Supervisor's Email Address:
Supervisor's Office phone number
1234567890
Required Submission
What would you like to do?
View Claim for Printing and Submit to ICPA
View Draft Copy of Claim to Verify Data
SF-66-D)
Cancel
Exit
Record: 1/1


DIUCS v2.1 EDI
Window
EDI_CA1
Emp. Data
Injury
Emp. Signature
Witness
Sup Rpt 1
Sup Rpt 2
Sup Rpt 3
Sup Rpt 4
Safety Data
Sup Signature
The ***View Claim for Printing and Submit to ICPA*** option allows the claim to be viewed and printed as a .pdf file and then sent to the ICPA without any further action by the user.
The ***View Draft Copy of Claim to Verify Data*** option allows the claim to be viewed and printed as a .pdf file but the user must then select the **Submit Claim** button to send the claim to the ICPA.
claim
f my
Name
MM-DD-YYYY
Signature of supervisor:
Date signed:
04-13-2006
Supervisor's Title
Supervisor's Email Address:
Supervisor's Office phone number
1234567890
SF-66-D)
Required Submission
What would you like to do?
View Claim for Printing and Submit to ICPA
View Draft Copy of Claim to Verify Data
Cancel
Exit
Record: 1/1



Review the claim. If the information is correct, select the print icon and print the claim. The employee, supervisor, and witness should then sign their portion. The signed copy is forwarded to the ICPA for record retention.



If the ***View Draft Copy of Claim to Verify Data*** option was selected, the **Submit Claim** button must be selected on order to transmit the claim to the ICPA.

Summary Of Supervisor Actions

- Supervisor selects the “Filing Claims Electronically” link on the CPMS website: http://cpms.osd.mil/icuc
- Supervisor enters the SSN and Date of Birth of the employee and selects whether a CA-1 or CA-2 will be filed
- Employee information is entered onto the form
- Witness information is entered (if applicable)
- Supervisor enters required information in Supv portion of the form
- The form is printed. The employee, witness and supervisor sign their respective sections.
- “Submit Claim” button is selected and claim is sent electronically to the ICPA.
- Signed claim form is sent to the ICPA to be retained in the file

More information

- Contact your ICPA (Injury Compensation Program Administrator, located in the CPAC office
- Search PERMISS under OWCP & FECA
- DOD instruction 1400.25 M, subchapter 810
- Dept. of Labor's web site:

  www.dol.gov/esa/regs/compliance/owcp/fecacont.htm